

QUARTERLY STATEMENT

As of June 30, 2018 of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

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(Current Period) (Prior Period)

NAIC Company Code..... 13101

Employer's ID Number.... 51-0140354

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile US

Statutory Home Office

Main Administrative Office

Incorporated/Organized..... June 16, 1975

Commenced Business..... July 1, 1975 One Turks Head Place .. Providence .. Ri 02903

(Street and Number)

(Street and Number)

(City or Town, State, Country and Zip Code)

One Turks Head Place .. Providence .. RI 02903 (City or Town, State, Country and Zip Code)

401-369-8240

Mail Address

1. Larry Alan

3. Jerilynn Leahy

One Turks Head Place .. Providence .. Rt 02903

(Area Code) (Telephone Number)

(Street and Number or P. O. Box)

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

One Turks Head Place .. Providence .. Rl 02903

401-369-8240 (Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact

Jerilynn Leahy

(Street and Number)

(Name)

(City or Town, State, Country and Zip Code)

401-369-8245

jleahy@beechercarlson.com

(E-Mail Address)

(Area Code) (Telephone Number) (Extension) 401-369-8241

(Fax Number)

Title

OFFICERS

Name

Title Secretary

Assistant Secretary

Name 2. Robert Suglia

Chair Vice Chair

4. Timothy Knapp

DIRECTORS OR TRUSTEES

Daniel Wright Earl Cottam Jr. Barbara M Cavicchio DDS

Molly Flanagan Timothy Knapp Newell Warde

James Pascalides DPM Don Baldini

Robert Suglia Larry Alan

Yes [X] No []

State of... County of

Connecticut

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) (Signature) (Signature) Robert Suglia Larry Alan Jerilynn Leahy 1. (Printed Name) 2. (Printed Name) 3. (Printed Name) Secretary Chair Assistant Secretary (Title) (Title)

Subscribed and sworn to before me

a. Is this an original filing?

h It no:

State the amendment number

2. Date filed

3. Number of pages attached

SHOYA BROWN Notary Public, State of Connecticut My Commission Expires Oct. 31, 2022



QUARTERLY STATEMENT

As of June 30, 2018

of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

NAIC Company Code..... 13101

Employer's ID Number..... 51-0140354

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile US

Incorporated/Organized..... June 16, 1975 Statutory Home Office

Main Administrative Office

Commenced Business..... July 1, 1975 One Turks Head Place .. Providence .. Rl 02903

(Street and Number)

(City or Town, State, Country and Zip Code)

(Street and Number)

One Turks Head Place .. Providence .. Rl 02903 (City or Town, State, Country and Zip Code)

401-369-8240 (Area Code) (Telephone Number)

Mail Address

One Turks Head Place .. Providence .. RI 02903

Primary Location of Books and Records

(Street and Number or P. O. Box)

(City or Town, State, Country and Zip Code)

401-369-8240

One Turks Head Place .. Providence .. Rl 02903 (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact

Jerilynn Leahy

(Street and Number)

(Name)

401-369-8245 (Area Code) (Telephone Number) (Extension)

jleahy@beechercarison.com

(E-Mail Address)

401-369-8241 (Fax Number)

OFFICERS

Name

Title

Name

Title

 Larry Alan 3. Jerilynn Leahy

Secretary Assistant Secretary 2. Robert Suglia 4. Timothy Knapp

Chair Vice Chair

DIRECTORS OR TRUSTEES

Daniel Wright Earl Cottam Jr. Barbara M Cavicchio DDS

Molly Flanagan Timothy Knapp Newell Warde

James Pascalides DPM

Robert Suglia Larry Alan

Yes [X] No []

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(Signature) (Signature) (Signature) Robert Suglia Larry Alan Jerilynn Leahy 1. (Printed Name) (Printed Name) 3. (Printed Name) Secretary Assistant Secretary

warn to before me

a. is this an original filing?

b. If no:

State the amendment number

2. Date filed

3. Number of pages attached

JACQUELINE K. PLANTE NOTARY PUBLIC OF RHODE ISLAND My Commission Expires 3/13/2020



Country of Domicile US

401-369-8240

(Area Code) (Telephone Number)

401-369-8245

401-369-8241

Title

(Area Code) (Telephone Number) (Extension)

QUARTERLY STATEMENT

As of June 30, 2018 of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhada Island

| | INIOUE BIAIN | |
|---|---------------------------------------|---------------------------------|
| NAIC Group Code 0, 0 (Current Period) (Prior Period) | NAIC Company Code 13101 | Employer's ID Number 51-0140354 |
| Organized under the Laws of RI | State of Domicile or Port of Entry RI | Country of Domicile LIS |

Incorporated/Organized..... June 16, 1975 Statutory Home Office

Commenced Business July 1, 1975

One Turks Head Place .. Providence .. Rl 02903

(Street and Number) (City or Town, State, Country and Zip Code) Main Administrative Office

One Turks Head Place .. Providence .. Rl 02903 (Street and Number) (City or Town, State, Country and Zip Code)

One Turks Head Place .. Providence .. Rl 02903 (Street and Number or P. O. Box)

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Turks Head Place .. Providence .. Rl 02903

(Street and Number) (City or Town, State, Country and Zip Code) Internet Web Site Address

401-369-8240 (Area Code) (Telephone Number)

Statutory Statement Contact Jerilynn Leahy (Name)

jleahy@beechercarlson.com (E-Mail Address)

(Fax Number) **OFFICERS**

Name Title

1. Larry Alan Secretary 3. Jerilynn Leahy Assistant Secretary

2. Robert Suglia

4. Timothy Knapp

Name

Chair Vice Chair

DIRECTORS OR TRUSTEES

Daniel Wright Earl Cottam Jr. Barbara M Cavicchio DDS

Molly Flanagan Timothy Knapp Newell Warde

James Pascalides DPM Don Baldini

Robert Suglia Larry Alan

Yes [X] No []

State of. County of.....

Mail Address

Rhode Island

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| (Signature) Larry Alan 1. (Printed Name) Secretary (Title) | (Signature) Robert Suglia 2. (Printed Name) Chair (Title) | (Signature) Jerilynn Leahy 3. (Printed Name) Assistant Secretary (Title) |
|--|---|--|
| | | , ., |

a. is this an original filing? b. If no:

1. State the amendment number 2. Date filed

3. Number of pages attached

| | | | Current Statement Date | | 4 |
|------|---|-------------|------------------------|-----------------------------|-------------------------------|
| | | 1 | 2 Nonadmitted | 3 Net Admitted Assets | December 31 Prior Year Net |
| | | Assets | Assets | (Cols. 1 - 2) | Admitted Assets |
| 1. | Bonds | 89,343,821 | | 89,343,821 | 89,903,744 |
| 2. | Stocks: | | | | |
| | 2.1 Preferred stocks | | | 0 | |
| | 2.2 Common stocks | | | 0 | |
| 3. | Mortgage loans on real estate: | | | | |
| | 3.1 First liens | | | | |
| | 3.2 Other than first liens | | | 0 | |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less \$0 encumbrances) | | | 0 | |
| | 4.2 Properties held for the production of income (less \$0 encumbrances) | | | | |
| | 4.3 Properties held for sale (less \$0 encumbrances) | | | 0 | |
| 5. | Cash (\$785,188), cash equivalents (\$350,481) and short-term investments (\$0) | 1,135,669 | | 1,135,669 | 1,286,467 |
| 6. | Contract loans (including \$0 premium notes) | | | 0 | |
| 7. | Derivatives | | | 0 | |
| 8. | Other invested assets | 59,728,759 | | 59,728,759 | 59,589,415 |
| 9. | Receivables for securities | 47 | | 47 | 46 |
| 10. | Securities lending reinvested collateral assets | | | | |
| 11. | Aggregate write-ins for invested assets | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 150,208,296 | 0 | 150,208,296 | 150,779,672 |
| 13. | Title plants less \$0 charged off (for Title insurers only) | | | 0 | |
| 14. | Investment income due and accrued | 1,343,230 | | 1,343,230 | 1,374,293 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 6,079 | | 6,079 | 24,812 |
| | 15.2 Deferred premiums, agents' balances and installments booked but deferred | | | | |
| | and not yet due (including \$0 earned but unbilled premiums) | 152,195 | | 152,195 | 134,064 |
| | 15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0) | | | 0 | |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers | | | 0 | |
| | 16.2 Funds held by or deposited with reinsured companies | | | 0 | |
| | 16.3 Other amounts receivable under reinsurance contracts | | | 0 | |
| 17. | Amounts receivable relating to uninsured plans | | | 0 | |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | 0 | |
| 18.2 | Net deferred tax asset | | | 0 | |
| 19. | Guaranty funds receivable or on deposit | | | 0 | |
| 20. | Electronic data processing equipment and software | | | 0 | |
| 21. | Furniture and equipment, including health care delivery assets (\$0) | | | 0 | |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | | |
| 24. | Health care (\$0) and other amounts receivable | | | 0 | |
| 25. | Aggregate write-ins for other than invested assets | | | | |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25) | | | | |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | Total (Lines 26 and 27) | | | | |
| | | F WRITE-INS | • | <u> </u> | · · · · · · |
| 1101 | BEINIEG | | | n | |
| | | | | 0 | |
| | | | | | |
| | Summary of remaining write-ins for Line 11 from overflow page | | | | |
| | Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | | | | |
| | Miscellaneous Accounts Receivable | | | | 1,429 |
| | Prepaid Losses | | | | , |
| | Prepaid Losses | | | | |
| | Summary of remaining write-ins for Line 25 from overflow page | | | 0 | 0 |
| | | | | | |
| 2099 | Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above) | Z1,44b | <u> </u> | Z1,44b | 11,83U |

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island LIABILITIES, SURPLUS AND OTHER FUNDS

Current December 31 Statement Date Prior Year .25.221,325 1. Losses (current accident year \$.....1,267,008). .29.039.660 2. Reinsurance payable on paid losses and loss adjustment expenses. 3. Loss adjustment expenses ...8.995.14010,219,757 4. Commissions payable, contingent commissions and other similar charges.... ..68.847 .67.103 5 Other expenses (excluding taxes, licenses and fees)... 128 112 177 200 Taxes, licenses and fees (excluding federal and foreign income taxes)... 6. 7.1 Current federal and foreign income taxes (including \$......0 on realized capital gains (losses))... ..195.925 ..150.176 7.2 Net deferred tax liability. .726,697 .682,929 8. Borrowed money \$......0 and interest thereon \$......0... Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$... warranty reserves of \$......0 and accrued accident and health experience rating refunds including \$......0 for medical loss ratio rebate per the Public Health Service Act). .2,055,1581,886,674 .53,085 ..118,450 10. Advance premium... 11. Dividends declared and unpaid: 11.1 Stockholders. 11.2 Policyholders. 12. Ceded reinsurance premiums payable (net of ceding commissions)... 13. Funds held by company under reinsurance treaties. Amounts withheld or retained by company for account of others... 960.527 .1,712,443 Remittances and items not allocated. Provision for reinsurance (including \$......0 certified)... 17. Net adjustments in assets and liabilities due to foreign exchange rates.. Drafts outstanding. 19. Payable to parent, subsidiaries and affiliates.... 20. 21. Payable for securities... 22. Payable for securities lending. 23. Liability for amounts held under uninsured plans... 24. Capital notes \$....0 and interest thereon \$... ...0.. Aggregate write-ins for liabilities..... 25. 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)... .38.408.063 44.057.639 27. Protected cell liabilities. 38.408.063 28 Total liabilities (Lines 26 and 27)...... 44.057.639 29. Aggregate write-ins for special surplus funds... .0 30. Common capital stock... 31. Preferred capital stock... 32. .0 .0 Aggregate write-ins for other than special surplus funds... 33. 34. Gross paid in and contributed surplus. 35. Unassigned funds (surplus). .113,323,183 .108,267,032 Less treasury stock, at cost: 36.10.000 shares common (value included in Line 30 \$.......0)... 36.20.000 shares preferred (value included in Line 31 \$..........0)..... Surplus as regards policyholders (Lines 29 to 35, less 36)..... .113,323,183 .108,267,032 38. Totals (Page 2, Line 28, Col. 3). .151,731,246 .152,324,671 **DETAILS OF WRITE-INS** 2501. Unearned Finance Charge. 2502. Premium Deficiency Reserve. 2503 Losses Payable.. 3,247 .3,247 2598 Summary of remaining write-ins for Line 25 from overflow page. 0 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above). 3,247 3,247 2901. 2902 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page. 2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above). .0 .0 3201 3202 3203 3298 Summary of remaining write-ins for Line 32 from overflow page. 0 0

.0

3299.

Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).

| | STATEMENT OF INCOM | | | |
|-------|--|------------------------------|----------------------------|--------------------------------------|
| | | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
| | UNDERWRITING INCOME | to Date | to Date | December 31 |
| 1. | Premiums earned: | | | |
| | 1.1 Direct (written \$1,079,160) | | · | |
| | 1.2 Assumed(written \$0) | | | |
| | 1.3 Ceded(written \$ | | | 1 776 389 |
| | DEDUCTIONS: | | | |
| 2. | Losses incurred (current accident year \$1,267,008): | | | |
| | 2.1 Direct | | | |
| | 2.2 Assumed | | | |
| | 2.4 Net | | | (4.619.141) |
| 3. | Loss adjustment expenses incurred | | | |
| | Other underwriting expenses incurred | | | 1,544,208 |
| 5. | Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| | Total underwriting deductions (Lines 2 through 5) | | | |
| 8. | Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | 4.170.842 | 3,710,409 | 5.774.116 |
| 0. | INVESTMENT INCOME | , , , , , | | |
| 9 | Net investment income earned | 2 342 461 | 2 450 657 | 4 843 948 |
| | Net realized capital gains (losses) less capital gains tax of \$9,467 | | | |
| 11. | Net investment gain (loss) (Lines 9 + 10) | 2,378,073 | 3,310,536 | 6,227,313 |
| | OTHER INCOME | | | |
| 12. | Net gain or (loss) from agents' or premium balances charged off | | | |
| | (amount recovered \$0 amount charged off \$0) | | | |
| | Finance and service charges not included in premiums | | | 16,769 |
| 14. | Aggregate write-ins for miscellaneous income | (536,000) | (536,000) | (536,000) |
| 15. | Total other income (Lines 12 through 14) Net income before dividends to policyholders, after capital gains tax and before all other federal and | (527,537) | (526,640) | (519,231) |
| 10. | foreign income taxes (Lines 8 + 11 + 15) | 6 021 378 | 6 494 305 | 11 482 198 |
| 17. | Dividends to policyholders | | | |
| | Net income, after dividends to policyholders, after capital gains tax and before all other federal and | | | |
| | foreign income taxes (Line 16 minus Line 17) | | | |
| | Federal and foreign income taxes incurred | | | 2,689,272 |
| 20. | Net income (Line 18 minus Line 19) (to Line 22) | 4,885,096 | 4,877,805 | 8,792,926 |
| | CAPITAL AND SURPLUS ACCOUNT | | | |
| | Surplus as regards policyholders, December 31 prior year | | | |
| | Net income (from Line 20) Net transfers (to) from Protected Cell accounts | | | |
| | Change in net unrealized capital gains or (losses) less capital gains tax of \$45,113 | | | |
| 25. | Change in net unrealized foreign exchange capital gain (loss) | | | |
| | Change in net deferred income tax | | | (736,840) |
| | Change in nonadmitted assets | | | |
| | Change in provision for reinsurance | | | |
| | Surplus (contributed to) withdrawn from protected cells | | | |
| | Cumulative effect of changes in accounting principles | | | |
| 32. | Capital changes: | | | |
| | 32.1 Paid in | | | |
| | 32.2 Transferred from surplus (Stock Dividend) | | | |
| 33 | Surplus adjustments: | | | |
| " | 33.1 Paid in | | | |
| | 33.2 Transferred to capital (Stock Dividend) | | | |
| | 33.3 Transferred from capital | | | |
| | Net remittances from or (to) Home Office | | | |
| | Change in treasury stock. | | | |
| | Aggregate write-ins for gains and losses in surplus | | | 0 |
| | Change in surplus as regards policyholders (Lines 22 through 37) | | | |
| 39. | Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 113,323,183 | 103,647,020 | 108,267,032 |
| | DETAILS OF WRITE-INS | | | |
| | Change in Premium Deficiency Reserve | | | |
| | | | | |
| | Summary of remaining write-ins for Line 5 from overflow page | | | 0 |
| 0599. | Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). | | 0 | 0 |
| 1401. | Gain or loss on retroactive reinsurance | (536,000) | (536,000) | (536,000) |
| | | | | |
| | Summany of remaining write ins for Line 14 from overflow page | | | |
| | Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above) | | | |
| | Totals (Lines 1401 tillu 1403 plus 1490) (Line 14 above) | | | (550,000) |
| 3702. | | | | |
| | | | | |
| 3798. | Summary of remaining write-ins for Line 37 from overflow page | 0 . | | 0 |
| 3799. | Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above) | [| 0 | 0 |

| | | 1 Current Year | 2 Prior Year | 3 Prior Year Ended |
|-----|--|-------------------|-----------------|-----------------------|
| | 0401150014005515000 | to Date | To Date | December 31 |
| | CASH FROM OPERATIONS | | | |
| 1. | Premiums collected net of reinsurance | | | |
| 2. | Net investment income. | | | |
| 3. | Miscellaneous income | | | |
| 4. | Total (Lines 1 through 3) | | | 6,717,36 |
| 5. | Benefit and loss related payments | | | 2,870,59 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | | | |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses) | | | |
| 10. | Total (Lines 5 through 9) | | | |
| 11. | Net cash from operations (Line 4 minus Line 10) | (567,036) | (443,521) | (3,038,59 |
| | CASH FROM INVESTMENTS | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| | 12.1 Bonds | , , | | , , |
| | 12.2 Stocks | | | |
| | 12.3 Mortgage loans | | | |
| | 12.4 Real estate | | | |
| | 12.5 Other invested assets | | | |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| | 12.7 Miscellaneous proceeds | | | |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 11,658,216 | 5,549,325 | 14,399,36 |
| 13. | Cost of investments acquired (long-term only): | | | |
| | 13.1 Bonds | 11,241,977 | 4,899,021 | 11,692,39 |
| | 13.2 Stocks | | | |
| | 13.3 Mortgage loans | | | |
| | 13.4 Real estate | | | |
| | 13.5 Other invested assets | | | |
| | 13.6 Miscellaneous applications | 1 | 589,221 | 1,245,54 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 11,241,978 | 5,488,242 | 12,937,94 |
| 14. | Net increase or (decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 416,238 | 61,083 | 1,461,4 |
| | CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | | |
| 16. | Cash provided (applied): | | | |
| | 16.1 Surplus notes, capital notes | | | |
| | 16.2 Capital and paid in surplus, less treasury stock | | | |
| | 16.3 Borrowed funds | | | |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| | 16.5 Dividends to stockholders | | | |
| | 16.6 Other cash provided (applied) | | | |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 0 | 0 | |
| RE | CONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | (150,798) | (382,438) | (1,577,18 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| | 19.1 Beginning of year | 1,286,467 | 2,863,648 | 2,863,64 |
| | 19.2 End of period (Line 18 plus Line 19.1) | | 2,481,210 | |

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Medical Malpractice Joint Underwriting MMJUA of Rhode Island ("the MMJUA") is a joint underwriting MMJUA created by the state of Rhode Island. The MMJUA was originally created in accordance with RI Gen. Law 42-35-3 by the adoption of Regulation 230-RICR-20-10-1 (formerly Insurance Regulation 21) by the Department of Business Regulation (the "Department") effective June 16, 1975. Subsequently, legislation was enacted which authorized the Department to promulgate regulations relating to medical malpractice insurance and validated Regulation 230-RICR-20-10-1. It was the intent of the Department that the MMJUA provides a continuing stable facility for medical malpractice insurance. Under the original plan of operation (approved June 25, 1975) and as amended and approved by the department on November 10, 2003, the MMJUA was created to provide medical malpractice insurance for physicians, hospitals and other health care providers, on a self-supporting basis.

The MMJUA is authorized to issue medical malpractice policies on a "claims made" or "occurrence" basis with limits not to exceed \$1,000,000 for each medical incident under one policy and in the aggregate of \$3,000,000 under one policy in any one year. The MMJUA is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the MMJUA's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the MMJUA is authorized to provide Commercial General Liability coverage to the health care providers with limits of \$1,000,000 per incident and \$2,000,000 aggregate under a one year policy. All policies are on an annual basis and shall be subject to the Group Retrospective Rating Plan and Stabilization Reserve Fund as authorized by Regulation 230-RICR-20-10-1. The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

Α. Accounting Practices, impact of NAIC/state differences

| | | SSAP# | F/S Page | F/S Line # | Current Period | 2017 |
|-----|--|-----------|-------------|------------|----------------|--------------------|
| NET | INCOME | 007.11 11 | 1 170 . ago | 170 20 # | 04.101.1104 | 2017 |
| (1) | Medical Malpractice Joint Underwriting MMJUA of Rhode Island state basis | | | | | |
| (0) | (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ 4,885,096 | \$ 8,792,926 |
| (2) | State Prescribed Practice that is an increase/(decrease) from NAIC SAP | | | | | |
| (3) | State Permitted Practice that is an increase/(decrease) from NAIC SAP | | | | | |
| (4) | NNO 04D (4 0 0 4) | 1004 | 1004 | 1004 | 4 005 007 | * 0.700.007 |
| (4) | NAIC SAP $(1 - 2 - 3 = 4)$ | XXX | XXX | XXX | \$ 4,885,096 | \$ 8,792,926 |
| SUF | RPLUS | | | | • | |
| (5) | Medical Malpractice Joint Underwriting MMJUA of Rhode Island state basis | | | | | |
| | (Page 3, line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 113,323,183 | \$ 108,267,032 |
| (6) | State Prescribed Practice that is an increase/(decrease) from NAIC SAP | | | | | |
| | | | | | | |
| (7) | State Permitted Practice that is an increase/(decrease) from NAIC SAP | | | | | |
| | | | | | - | - |
| (8) | NAIC SAP $(5 - 6 - 7 = 8)$ | XXX | XXX | XXX | \$ 113,323,183 | \$ 108,267,032 |

The accompanying financial statements of the MMJUA have been prepared in conformity with accounting practices prescribed or permitted by the Department. Prescribed accounting practices include state laws, regulations and general administrative rules applicable to insurance companies domiciled in the State of Rhode Island; National MMJUA of Insurance Commissioners' ("NAIC") Annual Statement Instructions; the NAIC Accounting Practices and Procedures Manual, the Purposes and Procedures and Securities Valuation Manuals of the NAIC Securities Valuation Office; NAIC official proceedings; and the NAIC Examiner's and Market Conduct Handbooks. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The Department requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the NAIC Accounting Practices and Procedures Manual and subject to Rhode Island Department of Business Regulation Gen. Law 42-35-3.

В. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in accordance with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. **Accounting Policies**

The Company uses the following accounting policies:

- Short-term investments are stated at amortized cost. 1.
- 2. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3 - 6 which are reported at the lower of amortized cost or fair market value. Amortization is calculated using the scientific constant yield to worst method.

NOTES TO FINANCIAL STATEMENTS

- 3. The MMJUA holds no investments in common stocks.
- 4 The MMJUA holds no investments in preferred stocks.
- 5. The MMJUA holds no investments in first lien mortgage loans on real estate.
- Investment grade loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.
- 7. The MMJUA has no subsidiaries.
- 8 The MMJUA holds no interest in joint ventures or partnerships.
- 9. The MMJUA does not invest in derivative instruments.
- 10. The MMJUA does not have a premium deficiency reserve.
- The reserve for unpaid losses and loss adjustment expenses represents the estimated unpaid ultimate liability for claims reported to the MMJUA plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the MMJUA utilizes the findings of an independent consulting actuary. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case basis valuations and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency.
- 12. The MMJUA does not have a capitalization policy.
- Not applicable as the MMJUA does not write major medical insurance with prescription drug coverage.
- D. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

No significant change

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

Not applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

- A. The company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).
- B. Not applicable

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

No significant change

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

Not applicable

Note 11 - Debt

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

Not applicable

Note 14 - Contingencies

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. The MMJUA is contingently liable under certain structured settlement agreements. These unassigned annuity agreements were purchased for 31 claimants. In many of these cases, these structured settlements require payments in 2015 and beyond. The contingent liability reserve is verified with the annuity carriers and updated annually. The MMJUA currently has one annuity with Executive Life Insurance of New York (ELNY) purchased prior to 1985 where ELNY has been in rehabilitation since 1991. On September 1, 2011, the Superintendent of Insurance for the State of New York petitioned the Supreme Court of Nassau County, New York, for an Approval of Restructuring Agreement for ELNY. Based on this petition, an Order to show cause hearing was held on March 15, 2012 as to why orders should not be made declaring ELNY to be insolvent, and converting the rehabilitation proceeding to a liquidation proceeding. On April 16, 2012, a move to liquidation was approved. It has been determined that the MMJUA will be liable for 60.4% of this annuity value. The MMJUA obtained quotes on purchasing a replacement annuity with qualified assignment and release, however, in evaluating the cost of such an annuity, the MMJUA determined that it was financially prudent to retain the liability at this time and consider looking at alternatives in the future. During 2013, the MMJUA booked its liability for the annuity, amounting to \$4,613,681. All annuities purchased after 1985 included a uniform qualified assignment and release from all future obligations. (See Note 27)
- E. Not applicable
- F. Not applicable

Note 15 - Leases

Not applicable

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The MMJUA uses Beecher Carlson Insurance Services LLC as managing general agent. The FEIN for Beecher Carlson Insurance Services LLC is 95-3679538. Beecher Carlson Insurance Services LLC has an exclusive contract for all medical malpractice and general liability business written. The total direct premiums written in 2018 equal \$1,079,160. The terms of the contract give Beecher Carlson Insurance Services LLC authority for premium collection (P), claims adjustment (CA), claims payment (C), binding (B), reinsurance ceding (R) and underwriting authority (U).

Note 20 - Fair Value Measurement

A. 1. Inputs Used for Assets and Liabilities Measured at Fair Value

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjective inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 - Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

NOTES TO FINANCIAL STATEMENTS

There are no bonds measured at fair market value.

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

2. Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company measures items at Level 2 on a recurring basis. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

The Company has no assets or liabilities measured at fair value in the Level 3 category.

5. Derivative Fair Values

Not applicable

R Other Fair Value Disclosures

Not applicable

Fair Values for All Financial Instruments by Levels 1, 2 and 3

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

| Type of Financial Instrument | Fair Value | Admitted Value | Level 1 | Level 2 | Level 3 | Not Practical (Carrying Value) |
|---|-------------|-------------------|------------|-------------|---------|---|
| Financial Instruments - assets | | | | | | |
| Bonds | 90,829,020 | 89,343,821 | - | 90,829,020 | - | - |
| Cash, cash equivalents and short- term investments | 1,135,669 | 1,135,669 | 1,135,669 | - | - | - |
| Other invested assets | 59,806,770 | 59,728,759 | 11,112,282 | 48,694,488 | - | - |
| Total assets | 151,771,459 | 150,208,249 | 12,247,951 | 139,523,508 | - | - |

Financial Instruments for which Not Practicable to Estimate Fair Values Not applicable

Note 21 - Other Items

Α. Extraordinary items

Not applicable

Troubled debt restructuring for debtors

Not applicable

C. Other disclosures

Not applicable

D Uncollectable premiums receivable

Not applicable

E. Business interruption insurance recoveries

Not applicable

NOTES TO FINANCIAL STATEMENTS

F. State transferable and non-transferrable tax credits

Not applicable

- G. Subprime mortgage related risk exposure
 - The Company's exposure to subprime lending in the fixed maturity (bond) investment portfolio which (1) contains securities collateralized by mortgages that have characteristics of subprime lending such as low FICO score, adjustable rate mortgages and alternative documentation mortgages. These investments are in the form of asset-backed securities and collateralized mortgage obligations which are collateralized by subprime mortgages. The carrying value of these investments is approximately \$9 thousand as of June 30, 2018.
 - Direct exposure through investments in subprime mortgage loans (Schedule B) (2)

Not applicable

(3)Direct exposure through other investments

| | Amortized | Book/Adj. | Fair Mkt | OTTI |
|------------------------------|-----------|-------------|----------|------------|
| | Cost | Carry Value | Value | Recognized |
| Residential MBS Sub Prime | 9,403 | 9,403 | 9,372 | |

Note 22 - Events Subsequent

Not applicable

Note 23 - Reinsurance

Unsecured Reinsurance Recoverables

Not applicable

В. Reinsurance Recoverable in Dispute

Not applicable

Reinsurance Assumed and Ceded C.

Not applicable

Uncollectable Reinsurance D.

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

No significant change

G. Reinsurance Accounted for as a Deposit

Not applicable

Run-off Agreements

Not applicable

Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change

NOTES TO FINANCIAL STATEMENTS

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

There was favorable development of \$6 million attributable to insured events of prior years. The reason for the favorable change relates to claims settling for less than originally expected.

B. Information about Significant Changes in Methodologies and Assumptions

No significant change

Activity in the liability for unpaid losses and LAE is summarized as follows:

| Losses & LAE (000's omitted) | 6/30/2018 | 12/31/2017 |
|--|-----------|------------|
| Unpaid losses and LAE at beginning of year | 39,259 | 48,625 |
| Losses and LAE incurred in current year: | (4,090) | (5,542) |
| Income Statement amounts | (4,090) | (5,542) |
| Losses and LAE paid in current year: | (953) | (3,824) |
| Underwriting exhibits paid amounts | (953) | (3,824) |
| Unpaid losses and LAE at end of period | 34,216 | 39,259 |

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

- A. No significant change
- B. No significant change

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not applicable

Note 31 - High Deductibles

Not applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 - Asbestos/Environmental Reserves

Not applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guarantee Insurance

Not applicable

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? | V | es[] | No [X] |
|------------|--|---------------------|---------------|--------------|
| 1.2 | If yes, has the report been filed with the domiciliary state? | | es[] /es[] | No [] |
| 2.1 | Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? | | es[] | No [X] |
| 2.2 | If yes, date of change: | 1, | 20[] | NO[X] |
| 3.1 | Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. | Y | es[] | No [X] |
| 3.2 | Have there been any substantial changes in the organizational chart since the prior quarter end? | Y | es[] | No [X] |
| 3.3 | If the response to 3.2 is yes, provide a brief description of those changes. | | | |
| 3.4 | Is the reporting entity publicly traded or a member of a publicly traded group? | Yo | es[] | No [X] |
| 3.5 | If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. | | | |
| 4.1 | Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? | Ye | es[] | No [X] |
| 4.2 | If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. | | | |
| | 1 | 2 NAIC Compan | v S | 3 tate of |
| | Name of Entity | Code | , - | omicile |
| 5. | If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. | Yes[] N | No [X] | N/A [] |
| | 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. | 12/3 | 1/2015 | |
| | 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. | 12/3 | 1/2015 | |
| | 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). | 01/1 | 8/2017 | |
| 6.4 | By what department or departments? | | | |
| | State of Rhode Island Department of Business Regulation, Insurance Division | | | |
| 6.5 | Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? | Yes[X] N | No[] | N/A [] |
| 6.6 | Have all of the recommendations within the latest financial examination report been complied with? | | No[] | N/A [] |
| 7.1 | Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? | Y | es[] | No [X] |
| 7.2 | If yes, give full information: | | | |
| 8.1 | Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? | Yı | es[] | No [X] |
| 8.2 | If response to 8.1 is yes, please identify the name of the bank holding company. | | | |
| 0.2 | le the company officiated with one or more heads, thrifts or conviting firms? | V | 1 200 | No (V) |
| 8.3 8.4 | Is the company affiliated with one or more banks, thrifts or securities firms? If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal | Ye | es[] | No [X] |
| | regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator]. | | | · · |
| | 1 2 3 Affiliate Name Location (City, State) FRB | OCC | 5 FDIC | 6 SEC |
| 9.1 | Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? | Yı | es[X] | No [] |
| | (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; | | | |
| | (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; | | | |
| | (c) Compliance with applicable governmental laws, rules and regulations; | | | |
| | (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and | | | |
| 0.44 | (e) Accountability for adherence to the code. | | | |
| 9.11 | If the response to 9.1 is No, please explain: | | | |
| 9.2 | Has the code of ethics for senior managers been amended? | Yo | es[X] | No [] |
| 9.21 | If the response to 9.2 is Yes, provide information related to amendment(s). | | | |
| | A description was added to better define "consultants" and their role. | | | |
| 9.3 | Have any provisions of the code of ethics been waived for any of the specified officers? | Ye | es[] | No [X] |
| 0 24 | If the reasons to 0.2 is Vee provide the nature of any waiver(a) | | | |

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

FINANCIAL

| | s the reporting entity report any amou | ills due iloin pareill, subsidialles | s or animates on Page 2 c | i tilis statement! | | | Yes[] | No [X |
|---|--|--|---|--|--|--|--|--|
| 2 If yes | s, indicate any amounts receivable fro | om parent included in the Page 2 | 2 amount: | | | \$ | | 0 |
| | | | INVESTMEN | Т | | | | |
| | e any of the stocks, bonds, or other as by another person? (Exclude securiti | | | greement, or otherwis | se made available fo | or | Yes[] | No [X |
| 2 If yes | s, give full and complete information r | elating thereto: | | | | | | |
| Amo | unt of real estate and mortgages held | d in other invested assets in Scho | edule BA: | | | \$ | | 0 |
| Amo | unt of real estate and mortgages held | d in short-term investments: | | | | \$ | | 0 |
| Does | s the reporting entity have any investr | ments in parent, subsidiaries and | l affiliates? | | | | Yes [] | No[> |
| 14.2 | If yes, please complete the following | g: | | | | | | |
| | | | | Prior ` | 1 Year End Book/Adju Carrying Value | usted Cu | 2 irrent Quarter Book/Ao Carrying Value | ljusted |
| 14.2 | | | | \$ | Carrying value | 0 \$ | Carrying value | 0 |
| 14.2 14.2 | | | | | | 0 | | 0 |
| 14.2 | | | | | | 0 | | 0 |
| 14.2 | 0 0 | te | | | | 0 | | 0 |
| 14.2 14.2 | 7 Total Investment in Parent, Su | bsidiaries and Affiliates (Subtota | , | \$ | | 0 \$ | | 0 |
| 14.2 I Has | 8 Total Investment in Parent incl the reporting entity entered into any h | luded in Lines 14.21 to 14.26 about the desired transactions reported on | | \$ | | 0 \$ | Yes[] | 0 No [2 |
| | s, has a comprehensive description of | 0 0 | | liary state? | | | Yes [| _ |
| - | , attach a description with this stateme | | de available to the domine | mary state: | | | 100[|] 110[|
| | | | | | | | | |
| | he reporting entity's security lending p I fair value of reinvested collateral ass | _ | _ | atement date: | | \$ | | 0 |
| | | • | | and 2: | | \$ \$ | | 0 |
| 2 Tota | I book adjusted/carrying value of reinv | vested collateral assets reported | on Schedule DL, Parts | aliu Z. | | φ | | U |
| T-1- | | . d (b P. 1.29) | | | | | | |
| | I payable for securities lending reporte | ,, , | | | | \$ | | 0 |
| Exclu office custo | I payable for securities lending reported uding items in Schedule E-Part 3-Spectors, velopes, velopes, velopes, well agreement with a qualified bank itical Functions, Custodial or Safekee | cial Deposits, real estate, mortging re all stocks, bonds and other se or trust company in accordance | ecurities, owned througho with Section 1, III - Gene | ts held physically in the ut the current year he ral Examination Cons | ld pursuant to a | <u>·</u> | Yes [X | |
| Exclusion of Cr | uding items in Schedule E-Part 3-Spe es, vaults or safety deposit boxes, we odial agreement with a qualified bank | ecial Deposits, real estate, mortgine all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC F. | ecurities, owned througho with Section 1, III - Gene inancial Condition Exami | ts held physically in the the current year he ral Examination Consiners Handbook? | ld pursuant to a siderations, F. Outso | ourcing | Yes [X | <u></u> |
| Exclusion of Cr | uding items in Schedule E-Part 3-Spe es, vaults or safety deposit boxes, we odial agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with | ecial Deposits, real estate, mortgine all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC F. | ecurities, owned througho with Section 1, III - Gene inancial Condition Exami | ts held physically in the the current year he ral Examination Consiners Handbook? | ld pursuant to a siderations, F. Outso olete the following: | ourcing 2 todian Address | Yes [X | <u> </u> |
| Exclusion of Cr. 17.1 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we be so, vaults or safety deposit boxes, we be dial agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not company | ecial Deposits, real estate, mortgine all stocks, bonds and other seron trust company in accordance eping Agreements of the NAIC Foundation of the NAIC Foundation of Custodian(s) | ecurities, owned througho with Section 1, III - Gene inancial Condition Exami inancial Condition Exami | ts held physically in the tit the current year he ral Examination Consiners Handbook, compars Handbook | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028 | ourcing 2 todian Address | Yes [X | |
| Exclusion of Cr. 17.1 | uding items in Schedule E-Part 3-Spe es, vaults or safety deposit boxes, we odial agreement with a qualified bank ritical Functions, Custodial or Safekee For all agreements that comply with | ecial Deposits, real estate, mortgare all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC Father requirements of the NAIC Father requirements of the NAIC Father of Custodian(s) | curities, owned througho with Section 1, III - Gene inancial Condition Exami inancial Condition Exami | ts held physically in the tit the current year he ral Examination Consiners Handbook, compars Handbook | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028 | 2 todian Address 91 | Yes [X 3 te Explanation(s) | <u></u> |
| Exclusion of Cr 17.1 | uding items in Schedule E-Part 3-Spe as, vaults or safety deposit boxes, we odial agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation | ecial Deposits, real estate, mortgare all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC For the requirements of the NAIC For Name of Custodian(s) Dely with the requirements of the Inc. | curities, owned througho with Section 1, III - Gene inancial Condition Exami inancial Condition Exami NAIC Financial Condition | ts held physically in the tit the current year he ral Examination Consiners Handbook, compars Handbook | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 0288 | 2 todian Address 91 | 3 |] No [|
| Exclusification of Cr 17.1 | ding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we odial agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 | ecial Deposits, real estate, mortgine all stocks, bonds and other serior trust company in accordance eping Agreements of the NAIC For the requirements of the NAIC For Name of Custodian(s) Doly with the requirements of the Naic serior with the naic s | ecurities, owned throughowith Section 1, III - General American Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L odian(s) identified in 17.1 | ts held physically in the tit the current year he ral Examination Consiners Handbook, compars Handbook | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 0288 k, provide the name | 2 todian Address 91 | 3 te Explanation(s) |] No [|
| Exclusification of Cr 17.1 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we see that some sees are safety deposit boxes, we see that some sees are safety deposit boxes, we see that some safety deposit boxes, we see that a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including yes, give full and complete information. | ecial Deposits, real estate, mortgine all stocks, bonds and other serior trust company in accordance eping Agreements of the NAIC Foundation of the NAIC Foundation of Custodian(s) Name of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) | ecurities, owned throughowith Section 1, III - General American Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L odian(s) identified in 17.1 | ts held physically in the tit the current year he ral Examination Considers Handbook, compared Handbook, com | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028: k, provide the name et arter? 3 Date of | 2 todian Address 91 | 3 te Explanation(s) Yes [] |] No [|
| Exclusification of Cr 17.1 | diding items in Schedule E-Part 3-Spe es, vaults or safety deposit boxes, we odial agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including a property of the part of t | ecial Deposits, real estate, mortgine all stocks, bonds and other serior trust company in accordance eping Agreements of the NAIC Foundation of the NAIC Foundation of Custodian(s) Name of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) Doly with the requirements of the Naic Foundation of Custodian(s) | ecurities, owned throughowith Section 1, III - General American Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L odian(s) identified in 17.1 | ts held physically in the tit the current year he ral Examination Considers Handbook, compared Handbook, com | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028: k, provide the name | 2 todian Address 91 | 3 te Explanation(s) |] No [|
| Exclo office custo of Cr 17.1 17.2 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we see that some sees are safety deposit boxes, we see that some sees are safety deposit boxes, we see that some safety deposit boxes, we see that a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including yes, give full and complete information. | ecial Deposits, real estate, mortgine all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC Formulation of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) Doly with the requirements of the Naic formulation of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) Doly with the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian of Custo | ecurities, owned throughowith Section 1, III - General American Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L odian(s) identified in 17.1 2 New Customer Managers, broker/dea | ts held physically in the tit the current year he ral Examination Considers Handbook, compared Handbook, compared Handbook, compared Handbook (Compared Handbook) (Com | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028: k, provide the name of the control of t | 2 todian Address 91 c, Complet | 3 te Explanation(s) Yes [] 4 Reason e investment decisions | No [|
| Exclo office custo of Cr 17.1 17.2 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we see and safety deposit boxes, we see a control of the see and safety deposit boxes, we see a control of the see and safety deposit boxes, we see a control of the safety deposit boxes and safety deposit on the safety deposit of the s | ecial Deposits, real estate, mortgine all stocks, bonds and other serior trust company in accordance eping Agreements of the NAIC Formulation of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) Doly with the requirements of the Naic formulation of the Naic formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) Doly with the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian of Cus | ecurities, owned throughowith Section 1, III - General Action 1, III - General I | ts held physically in the tit the current year he ral Examination Considers Handbook, compared Handbook, compared Handbook, compared Handbook (Compared Handbook) (Com | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028: k, provide the name of the control of t | 2 todian Address 91 c, Complet | 3 te Explanation(s) Yes [] 4 Reason e investment decisions ent accounts", "handle | No [|
| Exclo office custo of Cr 17.1 17.2 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we see and safety deposit boxes, we see a control of the see and safety deposit boxes, we see a control of the see and safety deposit boxes, we see a control of the safety deposit boxes and safety deposit on the safety deposit of the s | ecial Deposits, real estate, mortgine all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC Formulation of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) Doly with the requirements of the Naic formulation of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) Doly with the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian of Custo | ecurities, owned throughowith Section 1, III - General Action 1, III - General I | ts held physically in the tit the current year he ral Examination Considers Handbook, compared Handbook, compared Handbook, compared Handbook (Compared Handbook) (Com | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028: k, provide the name of the provide the name of the provide of the pro | 2 todian Address 91 c, Complet | 3 te Explanation(s) Yes [] 4 Reason e investment decisions accounts", "handle | No [|
| Exclo office custo of Cr 17.1 17.2 | diding items in Schedule E-Part 3-Speeds, vaults or safety deposit boxes, we seed agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation Have there been any changes, including the seed of the reporting entity. For assets the securities"]. Conning, Inc. 17.5097 For those firms/individuities. | ecial Deposits, real estate, mortgine all stocks, bonds and other serior trust company in accordance eping Agreements of the NAIC Formulation of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) Doly with the requirements of the Naic formulation of the Naic formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) Doly with the requirements of the Naic formulation of Custodian(s) In the requirements of the Naic formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian(s) In the requirements of the NAIC Formulation of Custodian of Cus | ecurities, owned throughowith Section 1, III - General Action 1, III - General I | ts held physically in the tit the current year he ral Examination Considers Handbook, compares Handbook, com | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 028/k, provide the name larter? 3 Date of Change uals that have the a ccess | 2 todian Address 91 . Complet | 3 te Explanation(s) Yes [] 4 Reason e investment decisions accounts", "handle 2 Affiliation U | No [2 |
| Exclo office custo of Cr 17.1 17.2 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we could a greement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including the securities of the reporting entity. For assets the securities of the reporting entity is a security of the reporting entity. For assets the securities of the reporting entity is a security of the reporting entity is a | ecial Deposits, real estate, mortgine all stocks, bonds and other serior trust company in accordance eping Agreements of the NAIC Formulation of the NAIC Formulation of Custodian(s) In the requirements of Custodian(| ecurities, owned throughowith Section 1, III - General Marcial Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L Odian(s) identified in 17.1 2 New Custo Proposition of the reporting | ts held physically in the tit the current year he ral Examination Considers Handbook, compares Handbook, compares Handbook and the Examiners Handbood and the current quality, note as such ["" | Id pursuant to a siderations, F. Outso olete the following: Cus et, Westerly, RI 0288 k, provide the name of Change uals that have the a customer and the reporting entity the | 2 todian Address 91 c, Complete uthority to make to the investme | 3 te Explanation(s) Yes [] 4 Reason e investment decisions ent accounts", "handle 2 Affiliation U ed with a "U") Yes [X | No [3 |
| Exclin office custo of Cr 17.1 17.2 17.3 17.4 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we could a greement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including the securities of the reporting entity. For assets the securities of the reporting entity is a security of the reporting entity. For assets the securities of the reporting entity is a security of the reporting entity is a | cicial Deposits, real estate, mortgine all stocks, bonds and other second trust company in accordance sping Agreements of the NAIC Form the requirements of the NAIC Form the NAIC Form the requirements of the NAIC Form th | ecurities, owned throughowith Section 1, III - General Marchael Condition Examinancial Condition Examinancial Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L Odian(s) identified in 17.1 2 New Customer managers, broker/deanployees of the reporting in or Individual on 17.5, do any firms/indivity of (i.e., designated with a "ting entity's assets? | ts held physically in the tit the current year he ral Examination Considers Handbook, compars Handbook, compars Handbook and the Examiners Handbook and the current quality, note as such ["" listed in the table d) or "U" (unaffiliated) | Id pursuant to a siderations, F. Outso olete the following: Cuset, Westerly, RI 028/k, provide the name of Change uals that have the a customer of Change | 2 todian Address 91 c, Complet uthority to make to the investme y (i.e., designate does the total as attion for the tab | 3 te Explanation(s) Yes [] 4 Reason e investment decisions ent accounts", "handle 2 Affiliation U ed with a "U") Yes [X ssets under Yes [X | No [3 |
| Exclin office custo of Cr 17.1 17.2 17.3 17.4 | diding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, woults or safety deposit boxes, would a greement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation A Name Have there been any changes, including yes, give full and complete information of the reporting entity. For assets the securities"]. Conning, Inc. 17.5097 For those firms/individual manage more than 10% 17.5098 For firms/individuals unmanagement aggregate. | ecial Deposits, real estate, mortgine all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC For the requirements of the NAIC For the NAIC | ecurities, owned throughowith Section 1, III - General Marchael Condition Examinancial Condition Examinancial Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L Odian(s) identified in 17.1 2 New Customer managers, broker/deanployees of the reporting in or Individual on 17.5, do any firms/indivity of (i.e., designated with a "ting entity's assets? | ts held physically in the tit the current year he ral Examination Considers Handbook; compars Handbook, compars Handbook and Examiners Handbood acation(s) during the current quality, note as such [" iduals unaffiliated with the table of the current purity in the current quality in the current qu | Id pursuant to a siderations, F. Outso olete the following: Cuset, Westerly, RI 028/k, provide the name of Change uals that have the a customer of Change | 2 todian Address 91 c., Complet to the investment of the investment of the total as | 3 te Explanation(s) Yes [] 4 Reason e investment decisions ent accounts", "handle 2 Affiliation U ed with a "U") Yes [X ssets under | No [3 |
| Exclin office custo of Cr 17.1 17.2 17.3 17.4 | diding items in Schedule E-Part 3-Spe es, vaults or safety deposit boxes, woults or safety deposit boxes, waits or safety deposit boxes, waits or safety deposit boxes, waits or safety deposit boxes, we say a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including yes, give full and complete information of the reporting entity. For assets the securities"]. Conning, Inc. 17.5097 For those firms/individuals unmanage more than 10% 17.5098 For firms/individuals unmanagement aggregate For those firms or individuals listed in Central Registration Depository | ecial Deposits, real estate, mortgine all stocks, bonds and other se or trust company in accordance eping Agreements of the NAIC For the requirements of the NAIC For the NAIC F | ecurities, owned throughowith Section 1, III - General Marcial Condition Examinancial Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L Odian(s) identified in 17.1 2 New Customer managers, broker/deanployees of the reporting on 17.5, do any firms/indivity of (i.e., designated with a "ting entity's assets? ation code of "A" (affiliate | ts held physically in the tit the current year he ral Examination Considers Handbook; compars Handbook, compars Handbook and Examiners Handbook. 2 Broad Street Examiners Handboot during the current quality dian and the current quality, note as such ["" iduals unaffiliated with "" listed in the table d) or "U" (unaffiliated) a | Id pursuant to a siderations, F. Outso olete the following: Cuset, Westerly, RI 028666, provide the name of Change uals that have the athat have access on the reporting entity for Question 17.5, comprovide the information. | 2 todian Address 91 tother investment of the inv | 3 te Explanation(s) Yes [] 4 Reason e investment decisions ent accounts", "handle 2 Affiliation U ed with a "U") Yes [X ssets under Yes [X le below. 5 Investmer Manageme | No [X |
| Exclin office custo of Cr 17.1 17.2 17.3 17.4 | diding items in Schedule E-Part 3-Spe es, vaults or safety deposit boxes, we do a special agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including yes, give full and complete information of the reporting entity. For assets the securities"]. Conning, Inc. 17.5097 For those firms/individual sumanage more than 10% 17.5098 For firms/individuals unmanagement aggregate. | cicial Deposits, real estate, mortgine all stocks, bonds and other second trust company in accordance sping Agreements of the NAIC Form the requirements of the NAIC Form the NAIC Form the requirements of the NAIC Form th | ecurities, owned throughowith Section 1, III - General Marchael Condition Examinancial Condition Examinancial Condition Examinancial Condition Examinancial Condition NAIC Financial Condition L Odian(s) identified in 17.1 2 New Custom Marchael Condition 1 1 1 1 1 1 1 1 1 1 1 1 1 | ts held physically in the tit the current year he ral Examination Considers Handbook, compars Handbook, compars Handbook and the Examiners Handbook and the current quality, note as such ["" listed in the table d) or "U" (unaffiliated) | Id pursuant to a siderations, F. Outso olete the following: Cuset, Westerly, RI 028666, provide the name of Change uals that have the athat have access on the reporting entity for Question 17.5, comprovide the information. | 2 todian Address 91 c, Complet uthority to make to the investme y (i.e., designate does the total as attion for the tab | 3 te Explanation(s) Yes [] 4 Reason e investment decisions ent accounts", "handle 2 Affiliation U ed with a "U") Yes [X ssets under Yes [X le below. | No [3] No [3] No [4] No [6] No [7] No [7] No [7] |

By self-designating 5*Gl securities, the reporting entity is certifying the following elements for each self-designated 5*Gl security:
a. Documentation necessary to permit a full credit analysis of the security does not exist.
b. Issuer or obligor is current on all contracted interest and principal payments.

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5*Gl securities?

Yes[X] No[]

GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

Yes [] No [] N/A [X] If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

Yes [] No [X]

If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes[] No[X]

4.2 If yes, complete the following schedule:

| 1 | 2 | 3 | | Total D | iscount | | | Discount Taker | During Period | |
|------------------|----------|-------|--------|---------|---------|-------|--------|----------------|---------------|-------|
| | | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | Maximu | | | | | | | | | |
| | m | Disc. | Unpaid | Unpaid | | | Unpaid | Unpaid | | |
| Line of Business | Interest | Rate | Losses | LAE | IBNR | Total | Losses | LAE | IBNR | Total |
| | 0.000 | 0.000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5.1 Operating Percentages:

| | 5.1 A&H loss percent | | 0.000% |
|-----|--|-----------|--------|
| | 5.2 A&H cost containment percent | | 0.000% |
| | 5.3 A&H expense percent excluding cost containment expenses | | 0.000% |
| 6.1 | Do you act as a custodian for health savings accounts? | Yes[] | No [X] |
| 6.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ | 0 |
| 6.3 | Do you act as an administrator for health savings accounts? | Yes[] | No [X] |
| 6.4 | If yes, please provide the amount of funds administered as of the reporting date. | \$ | 0 |
| 7. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] | No [X] |

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

| | | Chowing / in New Nemburer - Current real to Bu | 110 | | | |
|---------|-----------|--|--------------|-----------|------------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | Effective Date |
| NAIC | | | | | Certified | of Certified |
| Company | | | Domiciliary | Type of | Reinsurer Rating | Reinsurer |
| Code | ID Number | Name of Reinsurer | Jurisdiction | Reinsurer | (1 through 6) | Rating |

NONE

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories
Direct Premiums Written Direct Losses Paid (Deducting Salvage)

Direct Losses Unpaid

| | | 1 | Direct Premi | | Direct Losses Paid (| Deducting Salvage) | Direct Loss | ses Unpaid |
|--------------------------------------|---|------------------------------------|------------------------------|----------------------------|---|--|------------------------------|----------------------------|
| | States, Etc. | Active Status | 2 Current Year to Date | 3 Prior Year to Date | 4 Current Year to Date | 5 Prior Year to Date | 6 Current Year to Date | / Prior Year to Date |
| 1. | • | (a) N | to Date | to Date | to Date | to Date | to Date | to Date |
| ı. 2. | AlabamaAL AlaskaAK | N | | | | | | |
| <u>.</u> . }. | ArizonaAZ | N | | | | | | |
| | ArkansasAR | N | | | | | | |
| i. | CaliforniaCA | N | | | | | | |
|).). | ColoradoCO | N | | | | | | |
| | ConnecticutCT | | | | | | | |
| 7. 8. | DelawareDE | N | | | | | | |
| | District of ColumbiaDC | N | | | | | | |
| | FloridaFL | N | | | | | | |
| 0. 1 | GeorgiaGA | N | | | | | | |
| 1. | HawaiiHI | | | | | | | |
| 2. | | | | | | | | |
| 3. | IdahoID | N | | | | | | |
| 4. | IllinoisIL | N | | | | | | |
| 5. | IndianaIN | N | | | | | | |
| 6. | lowaIA | N | | | | | | |
| 7. | KansasKS | N | | | | | | |
| 8. | KentuckyKY | N | | | | | | |
| 9. | LouisianaLA | N | | | | | | |
| 0. | MaineME | N | | | | | | |
| 1. | MarylandMD | N | | | | | | |
| 2. | MassachusettsMA | N | | | | | | |
| 3. | MichiganMI | N | | | | | | |
| 4. | MinnesotaMN | N | | | | | | |
| 5. | MississippiMS | N | | | | | | |
| 6. | MissouriMO | N | | | | | | |
| 7. | MontanaMT | N | | | | | | |
| 8. | NebraskaNE | N | | | | | | |
| 9. | NevadaNV | N | | | | | | |
| 0. | New HampshireNH | | | | | | | |
| | New JerseyNJ | N | | | | | | |
| 2. | New MexicoNM | N | | | | | | |
| 3. | New YorkNY | N | | | | | | |
| | | | | | | | | |
| 4. 5. | North DakotaND | | | | | | | |
| 5. 6. | OhioOH | N | | | | •••••• | | |
| | | | | | | | | |
| | OregonOR | | | | | | | |
| 8. | | | | | | | | |
| 9. | PennsylvaniaPA | | | | 740.004 | 200.005 | 05.004.005 | 00.004.04 |
| 10. | Rhode IslandRI | | 1,079,160 | 982,186 | 746,984 | 623,235 | 25,221,325 | 32,924,81 |
| 1. | South CarolinaSC | | | | | | | |
| 12. | South DakotaSD | | | | | | | |
| | TennesseeTN | | | | | | | |
| 4. | TexasTX | N | | | | | | |
| 5. | UtahUT | N | | | | | | |
| 6. | VermontVT | N | | | | | | |
| 7. | VirginiaVA | | | | | | | |
| 8. | WashingtonWA | | | | | | | |
| 9. | West VirginiaWV | N | | | | | | |
| 0. | WisconsinWI | N | | | | | | |
| | WyomingWY | | | | | | | |
| | American SamoaAS | | | | | | | |
| | | | | | | | | |
| | Puerto RicoPR | | | | | | | |
| | US Virgin IslandsVI | | | | | | | |
| | Northern Mariana IslandsMP | | | | | | | |
| | CanadaCAN | | | | | | | |
| ir. i8. | Aggregate Other AlienOT | | 0 | | 0 | 0 | 0 | |
| o. 9. | Totals | XXX | 1,079,160 | | 746,984 | 623,235 | 25,221,325 | 32,924,81 |
| J. | 1 Utai3 | | 1,079,100 | DETAILS OF W | | 023,235 | 25,221,325 | 52,324,0 |
| | | XXX | | | | | | |
|)n1 | | XXX | | | | | | |
| | | | | | | | | |
| 002. | | YYY | | | | | | |
| 002. 003. | | XXX | | | | 0 | 0 | |
| 002. 003. 998. | Summary of remaining write-ins | | n | 0 | 0 | | | |
| 002. 003. 998. | | XXX | 0 | | 0 | 0 | | |
| 002. 003. 998. 999. | Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) | | 0 | | 0 | 0 | 0 | |
| 002. 003. 998. 999. | Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) Active Status Count | XXX | 0 | 0 | 0 | 0 | 0 | |
| 002. 003. 098. 099. Lice | Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) Active Status Count insed or Chartered - Licensed insurance | XXX | lomiciled RRG | | 0 R - Registered - Nor | 0 n-domiciled RRGs | 0 | |
| 002. 003. 098. 099. Lice | Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) Active Status Count | XXXXXX e carrier or coved to write | lomiciled RRG | 0 | 0 R - Registered - Nor Q - Qualified - Quali | n-domiciled RRGsfied or accredited reinsurer | 0 | |

Sch. Y - Pt. 1 NONE

Sch. Y - Pt. 1A NONE

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island PART 1 - LOSS EXPERIENCE

| | | | Current Year to Date | | 4 |
|-------|--|--------------------------------|--------------------------------|--------------------------------|---|
| | Lines of Business | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | Prior Year to Date Direct Loss Percentage |
| 1. | Fire | | | | |
| | Allied lines | | | 0.000 . | |
| | Farmowners multiple peril | | | 0.000 | |
| 4. | Homeowners multiple peril | | | 0.000 | |
| 5. | Commercial multiple peril | | | 0.000 . | |
| 6. | Mortgage guaranty | | | 0.000 . | |
| | Ocean marine | | | 0.000 . | |
| 9. | Inland marine | | | 0.000 . | |
| 10. | Financial guaranty | | | | |
| | Medical professional liability - occurrence | | (2,817,017) | (504.674) | (459.706) |
| | Medical professional liability - claims-made | | | 0.087 | (218.865) |
| | Earthquake | , | | 0.000 | (/ |
| | Group accident and health | | | 0.000 | |
| 14. | Credit accident and health | | | 0.000 | |
| | Other accident and health | | | 0.000 | |
| - | Workers' compensation. | | | 0.000 | |
| | Other liability-occurrence | | | (263.850) | 25 484 |
| | Other liability-claims made | | (- ,) | 0.000 | 20.404 |
| | Excess workers' compensation | | | 0.000 | |
| | Products liability-occurrence | | | | |
| | Products liability-claims made | | | 0.000 | |
| | 19.2 Private passenger auto liability | | | 0.000 | |
| | 19.4 Commercial auto liability | | | | |
| | Auto physical damage | | | | |
| | Aircraft (all perils) | | | | |
| | Fidelity | | | | |
| | Surety | | | 0.000 | |
| | | | | 0.000 | |
| | Burglary and theft | | | | |
| | Boiler and machinery | | | 0.000 | |
| | Credit | | | 0.000 | |
| | International | | | 0.000 | |
| | Warranty | | | 0.000 | |
| | Reinsurance-nonproportional assumed property | | | | XXX |
| 32. | Reinsurance-nonproportional assumed liability | XXX | XXX | XXX | XXX |
| | Reinsurance-nonproportional assumed financial lines | XXX | | | XXX |
| | Aggregate write-ins for other lines of business | | | 0.000 . | |
| 35. | Totals | | (3,071,350) | (337.260) | (339.631) |
| | | DETAILS OF WRITE-INS | | | |
| | | | | 0.000 . | |
| | | | | | |
| | | | | 0.000 . | |
| 3498. | Sum. of remaining write-ins for Line 34 from overflow page | | | 0.000 . | XXX |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498) (Line 34) | 0 | 0 | 0.000 . | |

| PART 2 - DIREC | T PREMIUMS WRIT | ΓΕΝ | |
|--|-------------------------|------------------------------|---------------------------------|
| Lines of Business | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
| 1. Fire | | | |
| 2. Allied lines | | | |
| 3. Farmowners multiple peril | | | |
| Homeowners multiple peril | | | |
| 5. Commercial multiple peril | | | |
| Mortgage guaranty | | | |
| 8. Ocean marine | | | |
| 9. Inland marine | | | |
| 10. Financial guaranty | | | |
| 11.1 Medical professional liability - occurrence | | 521,549 | 492,997 |
| 11.2 Medical professional liability - claims made | | 361,141 | 302,879 |
| 12. Earthquake | | | |
| 13. Group accident and health | | | |
| 14. Credit accident and health | | | |
| 15. Other accident and health | | | |
| 16. Workers' compensation | | | |
| 17.1 Other liability-occurrence | | 196.470 | 186 310 |
| 17.2 Other liability-claims made | - , - | | |
| 17.3 Excess workers' compensation | | | |
| 18.1 Products liability-occurrence. | | | |
| 18.2 Products liability-claims made | | | |
| 19.1 19.2 Private passenger auto liability | | | |
| 19.3 19.4 Commercial auto liability | | | |
| • | | | |
| 21. Auto physical damage | | | |
| 22. Aircraft (all perils) | | | |
| 23. Fidelity | | | |
| 24. Surety | | | |
| 26. Burglary and theft | | | |
| 27. Boiler and machinery | | | |
| 28. Credit | | | |
| 29. International | | | |
| 30. Warranty | | | |
| 31. Reinsurance-nonproportional assumed property | | | XXX |
| 32. Reinsurance-nonproportional assumed liability | XXX | XXX | XXX |
| 33. Reinsurance-nonproportional assumed financial lines | | XXX | XXX |
| 34. Aggregate write-ins for other lines of business | | 0 | 0 |
| 35. Totals | | 1,079,160 | 982,186 |
| | TAILS OF WRITE-INS | T- | |
| 3401 | | | |
| | | | |
| 3403 | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | | 0 | 0 |
| 3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34) | | 0 | 0 |

| _ | | |
|-----------------------|---|----|
| $\boldsymbol{\frown}$ | 4 | 2 |
| L.) | 1 | -5 |
| | | |

Policyholders

...108,267

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island PART 3 (000 omitted)

LOCC AND LOCC AD ILICTMENT EVDENCE DECEDIVES COLLEDIN E

| | | | | | L(| JSS AND LOSS I | ADJUSTMENT E | XPENSE RESER | RVES SCHEDULE | | | | | |
|-------|--------------|----------------|----------------|---------------|----------------------|--------------------|---------------|------------------|----------------------|--------------|-------------------|----------------------|----------------------|----------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | | | | | | | | Q.S. Date Known | Q.S. Date Known | | | Prior Year-End Known | Prior Year-End | Prior Year-End |
| | | | | Total Prior | 2018 | 2018 | | Case Loss and | Case Loss and LAE | | | Case Loss and LAE | IBNR Loss and LAE | Total Loss |
| | | Prior Year-End | Prior Year-End | Year-End | Loss and LAE | Loss and LAE | Total 2018 | LAE Reserves on | Reserves on Claims | Q.S. Date | Total Q.S. | | Reserves Developed | and LAE Reserve |
| | ars in Which | Known Case | IBNR | Loss and | Payments on Claims | Payments on Claims | Loss and | | Reported or Reopened | IBNR | Loss and LAE | (Savings)/Deficiency | (Savings)/Deficiency | Developed |
| | Losses | Loss and LAE | Loss and LAE | LAE Reserves | Reported as of Prior | Unreported as of | LAE Payments | Open as of Prior | Subsequent to | Loss and LAE | Reserves | (Cols. 4 + 7 | (Cols. $5 + 8 + 9$ | (Savings)/Deficiency |
| | Occurred | Reserves | Reserves | (Cols. 1 + 2) | Year-End | Prior Year-End | (Cols. 4 + 5) | Year-End | Prior Year-End | Reserves | (Cols. 7 + 8 + 9) | minus Col. 1) | minus Col. 2) | (Cols. 11 + 12) |
| | | | | | | | | | | | | | | |
| 1. 20 |)15 + Prior | 11,256 | 18,962 | 30,218 | 906 | 4 | 910 | 10,054 | 221 | 13,763 | 24,038 | (296) | (4,974) | (5,270) |
| | | | | | | | | | | | | | | |
| 2. 20 |)16 | 685 | 4,888 | 5,573 | 22 | | 22 | 732 | 5 | 4,272 | 5,009 | 69 | (611) | (542) |
| | | | | | | | | | | | | | | |
| 3. St | ubtotals | | | | | | | | | | | | | |
| 20 |)16 + Prior | 11,941 | 23,850 | 35,791 | 928 | 4 | 932 | 10,786 | 226 | 18,035 | 29,047 | (227) | (5,585) | (5,812) |
| | | | | | | | | | | | | | | |
| 4. 20 |)17 | 74 | 3,394 | 3,468 | 12 | | 12 | 48 | | 3,176 | 3,224 | (14) | (218) | (232) |
| | | | | | | | | | | | | | | |
| 5. St | ubtotals | | | | | | | | | | | | | |
| 20 |)17 + Prior | 12,015 | 27,244 | 39,259 | 940 | 4 | 944 | 10,834 | 226 | 21,211 | 32,271 | (241) | (5,803) | (6,044) |
| | | | | | | | | | | | | | | |
| 6. 20 |)18 | XXX | XXX | XXX | XXX | 9 | 9 | XXX | 179 | 1,766 | 1,945 | XXX | XXX | XXX |
| 6. 20 | | | | | | | | | | · | | | | |
| 7. To | otals | 12,015 | 27,244 | 39,259 | 940 | 13 | 953 | 10,834 | 405 | 22,977 | 34,216 | (241) | (5,803) | (6,044) |
| | | | | | | | | | | | | (=11) | (2,000) | (2,011) |
| ۾ ا | ior Year- | | | | | | | | | | | Col. 11, Line 7 | Col. 12, Line 7 | Col. 13, Line 7 |
| | nd's Surplus | | | | | | | | | | | As % of Col. 1, | As % of Col. 2, | As % of Col. 3, |
| | Regards | | | | | | | | | | | Line 7 | Line 7 | Line 7 |
| | i i i i | 400 007 | | | | | | | | | | LIIO / | LIIO / | LIIO / |

Col. 13, Line 7 Line 8

....(21.3)% 3.(15.4)%

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| 1. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
|----|---|-----|
| 2. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | YES |
| 3. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| 4. | Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

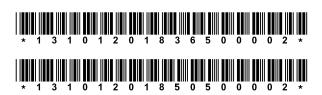
Response

Explanation:

- 1. The data for this supplement is not required to be filed.
- 2.
- The data for this supplement is not required to be filed.
- 4. The data for this supplement is not required to be filed.

Bar Code:





NONE

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE A - VERIFICATION

Real Estate

| | Total Estate | | |
|-----|---|--------------|------------------|
| | | 1 | 2 |
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 0 | |
| | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Current year change in encumbrances | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying value | | |
| 7. | Deduct current year's other-than-temporary impairment recognized | | |
| 8. | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8) | 0 | 0 |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | 0 | 0 |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | Mortgage Loans | | |
|-----|--|--------------|------------------|
| | | 1 | 2 |
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | 0 | |
| 2. | Cost of acquired: | | |
| | 2.1 Actual cost at time of acquisition | | |
| | 2.2 Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Capitalized deferred interest and other | | |
| 6. | | | |
| 7. | Total gain (loss) on disposals Deduct amounts received on disposals | | |
| 8. | Deduct exertisation of promium and marked interest points and commitment force | | |
| 9. | Total foreign exchange change in book value/recorded investment excluding accrued interest Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Deduct current year's other-than-temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | 0 | 0 |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | 0 | 0 |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| Other Long-Term invested Assets | | |
|---|--------------|------------------|
| | 1 | 2 |
| | | Prior Year Ended |
| | Year to Date | December 31 |
| Book/adjusted carrying value, December 31 of prior year | | 54,936,195 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 2.2 Additional investment made after acquisition | (21,358) | 3,259,310 |
| 4. Accrual of discount | | |
| Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals | 214,822 | 1,467,952 |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| Deduct amortization of premium and depreciation | | 74,042 |
| 9 Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other-than-temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | 59,589,415 |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | 59,589,415 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | | 1 | 2 |
|-----|---|--------------|------------------|
| | | | Prior Year Ended |
| | | Year to Date | December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 89,903,744 | 92,859,398 |
| 2. | Cost of bonds and stocks acquired | 11,241,975 | 11,692,399 |
| 3. | Accrual of discount | 12,018 | 152,922 |
| 4. | Unrealized valuation increase (decrease) | | 548 |
| 5. | Total gain (loss) on disposals | 4,661 | 83,244 |
| 6. | Deduct consideration for bonds and stocks disposed of | 11,594,267 | 14,399,287 |
| 7. | Deduct amortization of premium | 224,310 | 485,480 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 89,343,821 | 89,903,744 |
| 12. | | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 89,343,821 | 89,903,744 |

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| _ | | <u>ں</u> - | uning the Ourient Quart | er for all Bonds and Pre | Terred Stock by NAIC L | | | | |
|--------|-------------------------------------|---|--|---------------------------------------|--|--|---|--|--|
| | NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
| | BONDS | | | | | | | | |
| | I. NAIC 1 (a) | 75,002,956 | 2,951,526 | 4,785,710 | 357,127 | 75,002,956 | 73,525,899 | | 74,954,214 |
| : | 2. NAIC 2 (a) | 15,872,717 | 309,526 | 198,519 | (448,525) | 15,872,717 | 15,535,199 | | 14,665,488 |
| ; | 3. NAIC 3 (a) | | | | | | 0 | | |
| 4 | 1. NAIC 4 (a) | | | | | | 0 | | |
| | 5. NAIC 5 (a) | | | | 282,721 | | 282,721 | | |
| | 5. NAIC 6 (a) | 283,382 | | | (283,382) | 283,382 | 0 | | 284,042 |
| | 7. Total Bonds | 91,159,055 | 3,261,052 | 4,984,229 | (92,059) | 91,159,055 | 89,343,819 | 0 | 89,903,744 |
| | PREFERRED STOCK | | | | | | | | |
| | 3. NAIC 1 | | | | | | 0 | | |
| , |). NAIC 2 | | | | | | 0 | | |
| 1 | 0. NAIC 3 | | | | | | 0 | | |
| 1 | 1. NAIC 4 | | | | | | 0 | | |
| | 2. NAIC 5 | | | | | | 0 | | |
| | 3. NAIC 6 | | | | | | 0 | | |
| | Total Preferred Stock | | | | | | | 0 | 0 |
| | Total Bonds and Preferred Stock | | | | | | | | |
| \Box | 3. Total bolius and Preferred Stock | 91,159,055 | 3,201,05Z | 4,904,229 | (92,059) | 91,159,055 | 09,343,819 | 0 | 09,903,744 |

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$........0; NAIC 2 \$.......0; NAIC 3 \$.......0; NAIC 4 \$.......0; NAIC 5 \$........0;

Short-Term Investments

| | 1 Book/Adjusted Carrying Value | Par alu O | al Cont | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|---------|--------------------------------------|-----------|------------|---|--|
| 9199999 | | XXX | | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | | 1 | 2 |
|-----|---|--------------|------------------|
| | | | Prior Year Ended |
| | | Year To Date | December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 0 | 1,725,694 |
| 2. | Cost of short-term investments acquired | | 7,096,518 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | 8,822,212 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

| Cash Equivaler | IIS | |
|---|-------------------|--------------------------------------|
| | 1 Year To Date | 2 Prior Year Ended December 31 |
| Book/adjusted carrying value, December 31 of prior year | 588,164 | |
| Cost of cash equivalents acquired | 6,720,989 | 3,112,158 |
| Accrual of discount | 2,170 | 1,006 |
| Unrealized valuation increase (decrease) | | |
| Total gain (loss) on disposals | | |
| Deduct consideration received on disposals | | 2,525,000 |
| 7. Deduct amortization of premium | | |
| Total foreign exchange change in book/ adjusted carrying value | | |
| Deduct current year's other-than-temporary impairment recognized | | <u></u> |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 350,481 | 588,164 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 350,481 | 588,164 |

Sch. A - Pt. 2 NONE

Sch. A - Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

SCHEDULE D - PART 3 Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

| _ | | | | | | | | | |
|-------------------|---|---------|---------------|-------------------------------------|---------------------------|-------------|-----------|---|----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | NAIC Designation or |
| CUSIP Identific | tion Description | Foreign | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | Market Indicator (a) |
| Bonds - U.S. Gov | ernment | | | | | | | | |
| 912828 4 | // 9 US TREASURY N/B | | 05/22/2018 | BARCLAYS AMERICAN | | 495,488 | 500,000 | 898 | 1 |
| 0599999. T | otal - Bonds - U.S. Government | | | | | 495,488 | 500,000 | 898 | XXX |
| Bonds - U.S. Spe | cial Revenue and Special Assessment | | | | | | | | |
| 3140HB F | (9 FN BJ9169 | | 06/26/2018 | CITIGROUP GLOBAL MARKETS | | 760,484 | 746,316 | 2,239 | 1 |
| 91412G 5 | 7 UNIV OF CALIFORNIA CA REVENUES | | 04/04/2018 | EXCHANGE | | 220,825 | 210,000 | 4,054 | 1 |
| 91412G 5 | N 1 UNIV OF CALIFORNIA CA REVENUES | | 04/04/2018 | EXCHANGE | | 252,372 | 240,000 | 4,633 | 1FE |
| 3199999. T | otal - Bonds - U.S. Special Revenue and Special Assessments | | | | | 1,233,681 | 1,196,316 | 10,926 | XXX |
| Bonds - Industria | and Miscellaneous | | | | | | | | |
| 023135 A | Z 9 AMAZON.COM INC | | 06/08/2018 | EXCHANGE | | 349,188 | 350,000 | 2,886 | 1FE |
| 29278N A | C 7 ENERGY TRANSFER PARTNERS | | 06/05/2018 | MIZUHO SECURITIES | | 124,908 | 125,000 | | 2FE |
| 78355H K | H 1 RYDER SYSTEM INC | | 06/14/2018 | RBC CAPITAL MARKETS SECURITIES - US | | 184,619 | 185,000 | | 2FE |
| | E 4 SALESFORCE.COM INC | | | BANK AMERICA | | 174,895 | 175,000 | | 1FE |
| | K 5 UNITEDHEALTH GROUP INC | | | BANK AMERICA | | 249,570 | 250,000 | | 1FE |
| 931142 E | D 1 WALMART INC | | 06/20/2018 | J.P. MORGAN | | 448,704 | 450,000 | | 1FE |
| 3899999. T | otal - Bonds - Industrial and Miscellaneous | | | | | 1,531,884 | 1,535,000 | 2,886 | XXX |
| 8399997. T | otal - Bonds - Part 3 | | | | | 3,261,053 | 3,231,316 | 14,710 | XXX |
| 8399999. T | otal - Bonds | | | | | 3,261,053 | 3,231,316 | 14,710 | XXX |
| 9999999. T | otal - Bonds, Preferred and Common Stocks | | | | | 3,261,053 | XXX | 14,710 | XXX |

For all common stock bearing NAIC market indicator "U" provide the number of such issues...

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

| | | | | Snowing | all Long-Terr | n Bonus an | a Stocks S | OLD, KEDI | EEMED OF O | merwise i | JISPUSE | D OF Dui | ring Currer | nt Quarter | | | | | | | |
|------------------------|--------|----------------------------------|---------|------------------------------------|-----------------|----------------|------------|----------------|----------------|------------|----------------|----------------|----------------|---------------|-------------------|-------------|-------------|------------|-------------|----------------------------|---------------|
| 1 | | 2 | 3 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Change in B | ook/Adjusted C | Carrying Value | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | _ | | - | | | | - | | 11 | 12 | 13 | 14 | 15 | | | | | | | |
| | | | F | | | | | | | | | Current | | | | | | | Bond | | |
| | | | 0 | | | | | | | | | Year's | | | | | | | Interest / | | |
| | | | r. | | | | | | D: V | Unrealized | Current | Other-Than- | T O. | Total Foreign | B 1/4 !! | Foreign | D 11 1 | T | Stock | Stated | NAIC |
| | | | eı | | | | | | Prior Year | Valuation | Year's | Temporary | Total Change | Exchange | Book/Adjusted | Exchange | Realized | Total Gain | Dividends | Contractual | |
| OHOLD 14 - 4.0 | | December | g Dispo | | Number of | 0 | Day Value | A - t 1 O t | Book/Adjusted | Increase | (Amortization) | | in B./A.C.V. | Change in | Carrying Value at | Gain (Loss) | | (Loss) on | Received | Maturity | or Market |
| CUSIP Identific | | Description | n Dat | Name of Purchaser | Shares of Stock | Consideration | Par Value | Actual Cost | Carrying Value | (Decrease) | / Accretion | Recognized | (11+12-13) | B./A.C.V. | Disposal Date | on Disposal | on Disposal | Disposal | During Year | Date | Indicator (a) |
| Bonds - U.S. (| | | 1 1 | | 1 | 1 | | | | ı | ı | | | | | 1 | 1 | | | | 1. |
| 36202E UM | | | | 18. MBS PAYMENT | | 516 | 516 | 515 | 516 | | | | 0 | | 516 | | | 0 | | 07/20/2038. | 1 |
| 36205K WE | | | 06/01/2 | 18. MBS PAYMENT | | 776 | 776 | 773 | 776 | | | | 0 | | 776 | | | 0 | 25 | | 1 |
| | | GN 447399 | 06/01/2 | 18. MBS PAYMENT | | 280 | 280 | 284 | 281 | | | | 0 | | 280 | | | 0 | 9 | 07/15/2027. | 1 |
| 36210A VC | | • | 06/01/2 | 18. MBS PAYMENT | | 445 | 445 | 441 | 444 | | 1 | | 1 | | 445 | | | 0 | | 11/15/2028. | 1 |
| 0599999. | Tot | al - Bonds - U.S. Government | | | | 2,017 | 2,017 | 2,013 | 2,017 | 0 | 1 | 0 | 1 | 0 | 2,017 | 0 | 0 | 0 | 60 | XXX | XXX |
| Bonds - U.S. S | Specia | I Revenue and Special Assessment | | | | | | | | | | | | | | | | | | | |
| 176553 FW | / 0 | CITIZENS PROPERTY INSURANCE CO | 06/01/2 | 18. MATURITY | | 250,000 | 250,000 | 261,833 | 250,815 | | (815) | | (815) | | 250,000 | | | 0 | 6,250 | 06/01/2018. | 1FE |
| 249182 FW | / 1 | DENVER CITY & CNTY CO ARPT REV | 04/06/2 | 18. VINING SPARKS | | 560,615 | 500,000 | 618,270 | 560,646 | | (3,241) | | (3,241) | | 557,404 | | 3,211 | 3,211 | 10,069 | 11/15/2022. | 1FE |
| | | FG A46298 | | 18. MBS PAYMENT | | 1,648 | 1,648 | 1,664 | 1,649 | | (2) | | (2) | | 1,648 | | | 0 | 44 | 07/01/2035. | 1 |
| | | FG A64865 | | 18. MBS PAYMENT | | 320 | 320 | 323 | 320 | | | | 0 | | 320 | | | 0 | 8 | 08/01/2037. | 1 |
| 3128M4 4Q | | FG G03231 | | 18. MBS PAYMENT | | 1,583 | 1,583 | 1,559 | 1,581 | | 1 | | 1 | | 1,583 | | | 0 | 39 | 08/01/2037. | 1 |
| 3128M5 UZ | | FG G03900 | | 18. MBS PAYMENT | | 1,322 | 1,322 | 1,314 | 1,321 | | 1 | | 1 | | 1,322 | | | 0 | 28 | 02/01/2038. | 1 |
| 3128M7 XB | | FG G05774 | 06/01/2 | 18. MBS PAYMENT | | 4,311 | 4,311 | 4,578 | 4,330 | | (19) | | (19) | | 4,311 | | | 0 | 89 | 01/01/2040. | 1 |
| 3128M8 AZ | | FG G06024 | | 18. MBS PAYMENT | | 3,434 | 3,434 | 3,627 | 3,443 | | (9) | | (9) | | 3,434 | | | 0 | 57 | 08/01/2040. | 1 |
| 3128ME 3F | | FG G15998 | | 18. MBS PAYMENT | | 6,598 | 6,598 | 6,612 | 6,599 | | (1) | | (1) | | 6,598 | | | 0 | 71 | 01/01/2032. | 1 |
| 3128ME XR | | FG G15888 | | 18. MBS PAYMENT | | 7,173 | 7,173 | 7,534 | 7,208 | | (35) | | (35) | | 7,173 | | | 0 | 89 | 01/01/2029. | 1 |
| 3128MJ R3 3128MJ U3 | | FG G08505 | | 18. MBS PAYMENT | | 13,789 | 13,789 | 14,476 | 13,814 | | (25) | | (25) | | 13,789 | | | 0 | 175 | 09/01/2042. | 1 |
| | | FG G08601 | 06/01/2 | 18. MBS PAYMENT | | 4,652 | | | | | (18) | | | | | | | 0 | 77 | 08/01/2044. | 1 |
| 2420MI VE | | FG G08698FG G08699 | 00/01/2 | 18. MBS PAYMENT18. MBS PAYMENT | | 6,315 | 6,315 | 6,592 8,710 | 6,326 | | (12) | | (12) | | 6,315 8,115 | | | 0 | 132 | 03/01/2046. 03/01/2046. | 1 |
| 3128MJ YM | | FG G08699 | | 18. MBS PAYMENT | | 4,145 | 4,145 | 4,313 | 4,151 | | (39) | | (39) | | 4,145 | | | 0 | 52 | 08/01/2046. | 1 |
| 3128MJ YM 3128MJ ZH | | FG G08743 | | 18. MBS PAYMENT | | 7,515 | 7,515 | 7,911 | 7,535 | | (20) | | (20) | | 7,515 | | | | 124 | 01/01/2047. | 1 |
| 3128M I 7M | | FG G08747 | 06/01/2 | | | 8,394 | 8,394 | 8,292 | 8,390 | | 3 | | (20) | | 8,394 | | | 0 | 106 | 02/01/2047. | 1 |
| 3128MM VZ | | FG G18631 | | 18. MBS PAYMENT | | 7,706 | 7,706 | 7,725 | 7,708 | | (1) | | (1) | | 7.706 | | | | 81 | 02/01/2032. | 1 |
| 3128MM WJ | | FG G18648 | | 18. MBS PAYMENT | | 18,759 | 18,759 | 19,621 | 18,819 | | (60) | | (60) | | 18,759 | | | 0 | 273 | 06/01/2032. | 1 |
| 3128MM WS | | FG G18656 | 06/01/2 | 18. MBS PAYMENT | | 12,014 | 12,014 | 12,299 | | | (10) | | (10) | | 12,014 | | | 0 | 109 | 08/01/2032. | 1 |
| 3128NJ G9 | | FH 1J2024 | 05/01/2 | 18. VARIOUS | | 17,874 | 17,874 | 18,656 | 18,204 | | (330) | | (330) | | 17,874 | | | 0 | 304 | 04/01/2039. | 1 |
| 3128PQ ZH | | FG J11644 | | 18. MBS PAYMENT | | 1,700 | 1,700 | 1,730 | 1,704 | | (4) | | (4) | | 1,700 | | | 0 | 28 | 02/01/2025. | 1 |
| 3128PY JD | 7 | FG J18360 | 06/01/2 | 18. MBS PAYMENT | | 7,609 | 7,609 | 7,868 | 7,629 | | (20) | | (20) | | 7,609 | | | 0 | 96 | 03/01/2027. | 1 |
| 3128QJ UC | | FH 1G1479 | | 18. VARIOUS | | 141 | 141 | 142 | 141 | | | | 0 | | 141 | | | 0 | 3 | 01/01/2037. | 1 |
| 31292H VU | | FG C01527 | 06/01/2 | 18. MBS PAYMENT | | 2,705 | 2,705 | 2,753 | 2,709 | | (4) | | (4) | | 2,705 | | | 0 | 61 | 04/01/2033. | 1 |
| 31292L KQ | | FG C03903 | 06/01/2 | 18. MBS PAYMENT | | 2,807 | 2,807 | 2,808 | 2,807 | | | | 0 | | 2,807 | | | 0 | 41 | 04/01/2042. | 1 |
| 31292L L6 | | FG C03949 | | 18. MBS PAYMENT | | 4,212 | 4,212 | 4,321 | 4,216 | | (3) | | (3) | | 4,212 | | | 0 | 63 | 05/01/2042. | 1 |
| 312940 2H | | FG A92576 | | 18. MBS PAYMENT | | 2,590 | 2,590 | 2,659 | 2,594 | | (5) | | (5) | | 2,590 | | | 0 | 50 | 07/01/2040. | 1 |
| 312941 NJ | | FG A93093 | 06/01/2 | 18. MBS PAYMENT | | 4,755 | 4,755 | 5,003 | 4,768 | | (13) | | (13) | | 4,755 | | | ō | 85 | 07/01/2040. | 1 |
| 312942 NF 31294M DW | | FG A93990 | | 18. MBS PAYMENT 18. MBS PAYMENT | | 2,970 | 2,970 | 3,073 | 2,976 4,470 | | (6) | | (6) | | 2,970 | | | 0 | | 09/01/2040. | 1 |
| | | FG E02817 | 00/01/2 | 10. MBS PAYMENT | | 4,478 | 4,478 | 4,360 | 2,590 | | 0 | | (4) | | 2,587 | | | 0 | 55 | 01/01/2026. | 1 |
| 312964 DE 312964 H5 | | FG B11901FG B12052 | 00/01/2 | 18. MBS PAYMENT18. MBS PAYMENT | | 2,587 1,572 | 1,572 | 1,613 | 1,575 | | (4) | | (3) | | 1,572 | | | 0 | 33 | 01/01/2019. 01/01/2019. | 1 |
| 312964 H3 | | FG A13117 | | 18. MBS PAYMENT | | 1,359 | 1,372 | 1,813 | 1,358 | | (3) | | (3) | | 1,372 | | | 0 | 28 | 09/01/2019. | 1 |
| 31296Q 4R | | FG A16232 | 06/01/2 | 18. MBS PAYMENT | | 661 | 661 | 674 | 662 | | (2) | | (2) | | 661 | | | | 15 | 11/01/2033. | 1 |
| 3132GL VB | | FG Q05410 | 06/01/2 | 18. MBS PAYMENT | | 3,641 | 3,641 | 3,640 | 3,641 | | (2) | | (2) | | 3,641 | | | | 46 | 01/01/2042. | 1 |
| 3132J2 5H | | FG K90848 | 06/01/2 | 18. MBS PAYMENT | | 3,580 | 3,580 | 3,717 | 3,587 | | (7) | | (7) | | 3,580 | | | 0 | 47 | 07/01/2033. | 1 |
| 31335A QK | | FG G60458 | 06/01/2 | 18. MBS PAYMENT | | 9,054 | 9,054 | 9,528 | 9,075 | | (21) | | (21) | | 9.054 | | | | 133 | 01/01/2044. | 1 |
| 31335A UL | | FG G60587 | 06/01/2 | 18. MBS PAYMENT | | 1,664 | 1,664 | 1,779 | 1,669 | | (6) | | (6) | | 1,664 | | | 0 | 30 | 02/01/2046. | 1 |
| 31335H 5U | | FG C90859 | 06/01/2 | 18. MBS PAYMENT | | 2,529 | 2,529 | 2,600 | 2,537 | | (8) | | (8) | | 2,529 | | | 0 | 59 | 10/01/2024. | 1 |
| 31371G SS | | FN 251729 | 04/01/2 | 18. MBS PAYMENT | | 48 | 48 | 47 | 47 | | | | 0 | | 48 | | | 0 | 1 | 05/01/2018. | 1 |
| 31371H B6 | 4 | | 06/01/2 | 18. MBS PAYMENT | | 1,740 | 1,740 | 1,719 | 1,738 | | 1 | | 1 | | 1,740 | | | 0 | 41 | 12/01/2028. | 1 |
| 31371K A4 | | FN 253927 | 06/01/2 | 18. MBS PAYMENT | | 87 | 87 | 87 | 87 | | | | 0 | | 87 | | | 0 | 2 | 07/01/2031. | 1 |
| 31371M CG | | FN 255771 | 06/01/2 | 18. MBS PAYMENT | | 1,015 | 1,015 | 1,035 | 1,016 | | (1) | | (1) | | 1,015 | | | 0 | 25 | 07/01/2035. | 1 |
| 3138AN CW | | FN AI8184 | | 18. MBS PAYMENT | | 6,100 | 6,100 | 6,395 | 6,109 | | (9) | | (9) | | 6,100 | | | 0 | 98 | 08/01/2041. | 1 |
| 3138AN YU | | FN Al8822 | 06/01/2 | 18. MBS PAYMENT | | 424 | 424 | 449 | 424 | | | | 0 | | 424 | | | 0 | 8 | 08/01/2041. | 1 |
| 3138AV TB | 1 | FN AJ4145 | 06/01/2 | 18. MBS PAYMENT | | 5,271 | 5,271 | 5,500 | 5,294 | | (23) | | (23) | | 5,271 | | | 0 | 86 | 11/01/2041. | 1 |

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

| | | | | onowing a | III Long-Terr | ii Boilao aii | a otoono o | OLD, ILLDI | | | J.O. 00L | D 0. Du | inig Garion | t Qualto | | | | | | | |
|------------------|---------------|-------------|----------------------|-------------------|------------------|----------------|----------------|-------------|-----------------------------|------------------------|--------------------------|--------------------------|---------------------------|---------------------|------------------------------------|----------------------------|--------------|-----------------------|-------------------------|----------------------------|----------------------------|
| | 1 | 2 | 3 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Change in B | Book/Adjusted | Carrying Value | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| | | | _ | | | | | | | 11 | 12 | _ 13 | 14 | 15 | | | | | | | |
| | | | F | | | | | | | | | Current | | | | | | | Bond | | |
| | | | 0 | | | | | | | University of | 0 | Year's | | Table Francisco | | E | | | Interest / | 01-1-1 | NAIO |
| | | | r -: | | | | | | Dries Vees | Unrealized | Current | Other-Than- | Tatal Channa | Total Foreign | Daald Adiosetad | Foreign | Dealined | Tatal Caia | Stock | Stated | NAIC |
| | | | ei Diananal | | Number of | | | | Prior Year Book/Adjusted | Valuation | Year's (Amortization) | Temporary | Total Change in B./A.C.V. | Exchange | Book/Adjusted | Exchange | Realized | Total Gain | Dividends | Contractual Maturity | |
| CHEIDI | dentification | Description | g Disposal n Date | Name of Purchaser | Shares of Stock | Consideration | Par Value | Actual Cost | Carrying Value | Increase (Decrease) | / Accretion | Impairment Recognized | (11+12-13) | Change in B./A.C.V. | Carrying Value at Disposal Date | Gain (Loss) on Disposal | Gain (Loss) | (Loss) on Disposal | Received During Year | Date | or Market Indicator (a) |
| 3138AW | | FN AJ4994 | | MBS PAYMENT | Silales of Stock | 4,842 | 4,842 | 5,212 | 4,856 | (Decrease) | (14) | Recognized | (14) | D./A.C.V. | 4,842 | UII DISPUSAI | UII DISPUSAI | Dispusai | | 11/01/2041. | 1 |
| 3138E0 | | FN AJ7717 | | MBS PAYMENT | | 6,250 | 6,250 | 6,442 | 6,265 | | (14) | | (15) | | 6,250 | | | 0 | | 12/01/2026. | 1 |
| 3138EG | | FN AL0245 | 06/01/2018 | MBS PAYMENT | | 4,100 | 4,100 | 4,224 | 4,106 | | (6) | | (6) | | 4,100 | | | 0 | | 04/01/2041. | 1 |
| 3138EH | US 9 | | | MBS PAYMENT | | 4,991 | 4,991 | 5,221 | 5,000 | | (9) | | (9) | | 4,991 | | | 0 | | 03/01/2042. | 1 |
| 3138EJ | 3Y 2 | - | | MBS PAYMENT | | 4,458 | 4,458 | 4,610 | 4,463 | | (5) | | (5) | | 4,458 | | | 0 | | 11/01/2042. | 1 |
| 3138EJ | RA 8 | FN AL2280 | | MBS PAYMENT | | 9,144 | 9,144 | 9,737 | 9,177 | | (33) | l | (33) | | 9,144 | | | 0 | | 09/01/2042. | 1 |
| 3138EK | FB 6 | FN AL2861 | 06/01/2018. | MBS PAYMENT | | 8,080 | 8,080 | 8,300 | 8,093 | | (13) | | (13) | | 8,080 | | | 0 | | 12/01/2042. | 1 |
| 3138EK | HJ 7 | FN AL2932 | 06/01/2018. | MBS PAYMENT | | 876 | 876 | 921 | 878 | | (2) | | (2) | | 876 | | | 0 | | 07/01/2042. | 1 |
| 3138EK | YW 9 | FN AL3424 | 06/01/2018. | MBS PAYMENT | | 5,940 | 5,940 | 6,235 | 5,954 | | (15) | | (15) | | 5,940 | | | 0 | 99 | 01/01/2043. | 1 |
| 3138ET | 2J 4 | FN AL8876 | | MBS PAYMENT | | 6,187 | 6,187 | 6,438 | 6,198 | | (11) | | (11) | | 6,187 | | | 0 | 78 | 10/01/2044. | 1 |
| 3138LR | AE 2 | | | MBS PAYMENT | | 7,865 | 7,865 | 8,084 | 7,879 | | (14) | | (14) | | 7,865 | | | 0 | | 04/01/2042. | 1 |
| 3138LU | | FN AO4133 | | MBS PAYMENT | | 6,062 | 6,062 | 6,056 | 6,061 | | | | 0 | | 6,062 | | | 0 | | 06/01/2042. | 1 |
| 3138MK | | | | MBS PAYMENT | | 8,192 | 8,192 | 8,183 | 8,192 | | 1 | | 1 | | 8,192 | | | 0 | | 11/01/2027. | 1 |
| 3138W0 | | | | MBS PAYMENT | | 4,981 | 4,981 | 4,942 | 4,979 | | 3 | | 3 | | 4,981 | | | 0 | | 01/01/2028. | 1 |
| 3138W4 | | | | MBS PAYMENT | | 8,628 | 8,628 | 8,931 | 8,642 | | (14) | | (14) | | 8,628 | | | 0 | | 02/01/2043. | 1 |
| 3138W6 | | FN AR8630 | | MBS PAYMENT | | 5,975 | 5,975 | 6,155 | 5,984 | | (9) | | (9) | | 5,975 | | | 0 | | 04/01/2043. | 1 |
| 3138W9 | | | | MBS PAYMENT | | 5,397 | 5,397 | 5,583 | 5,405 | | (8) | | (8) | | 5,397 | | | 0 | | 08/01/2043. | 1 |
| 3138W9 | | FN AS0303 | | MBS PAYMENT | | 4,953 | 4,953 | 4,937 | 4,952 | | 1 | | 1 | | 4,953 | | | 0 | | 08/01/2043. | 1 |
| 3138W9 | | | | MBS PAYMENT | | 4,152 | 4,152 | 4,450 | 4,179 | | (27) | | (27) | | 4,152 | | | 0 | | 09/01/2043. | 1 |
| 3138WA | | | | MBS PAYMENT | | 4,438 | 4,438 | 4,574 | 4,441 | | (3) | | (3) | | 4,438 | | | 0 | | 11/01/2043. | 1 |
| 3138WA 3138WE | | 117.0.1001 | 06/01/2018. | MBS PAYMENT | | 8,165 2,901 | 8,165 2,901 | 8,672 | 8,191 2,907 | | (26) | | (26) | | 8,165 2,901 | | | 0 | | 01/01/2044. 05/01/2044. | 1 |
| 3138WE | | FN AS2303 | | MBS PAYMENT | | 8,709 | 8,709 | 9,003 | 8,723 | | (13) | | (3) | | 8,709 | | | | | 06/01/2044. | 1 |
| 3138WG | | FN AS6408 | | MBS PAYMENT | | 5,152 | 5,152 | 5.448 | 5.164 | | (13) | | (13) | | 5.152 | | | ٥ | | 01/01/2046. | 1 |
| 3138WG | | | | MBS PAYMENT | | 9,002 | 9,002 | 9,290 | 9,029 | | (12) | | (27) | | 9,002 | | | 0 | | 01/01/2040. | 1 |
| 3138WJ | | | | MBS PAYMENT | | 4,633 | 4,633 | 4,609 | 4,632 | | 1 | | 1 | | 4,633 | | | 0 | | 12/01/2046. | 1 |
| 3138WJ | | FN AS8552 | | MBS PAYMENT | | 11,925 | 11,925 | 12,199 | 11,941 | | (16) | | (16) | | 11,925 | | | 0 | | 12/01/2036. | 1 |
| 3138WN | | | 06/01/2018. | MBS PAYMENT | | 5,728 | 5,728 | 6.100 | 5.739 | | (11) | | (11) | | 5,728 | | | 0 | | 03/01/2043. | 1 |
| 3138WX | | FN AT9169 | | MBS PAYMENT | | 13,840 | 13,840 | 13,759 | 13,835 | | 5 | | 5 | | 13,840 | | | 0 | 152 | 07/01/2028. | 1 |
| 3138WZ | TZ 5 | FN AU0567 | | MBS PAYMENT | | 5,211 | 5,211 | 5,161 | 5,210 | | 1 | | 1 | | 5,211 | | | 0 | 76 | 08/01/2043. | 1 |
| 3138X0 | Y2 8 | FN AU1628 | 06/01/2018. | MBS PAYMENT | | 5,123 | 5,123 | 5,022 | 5,119 | | 4 | | 4 | | 5,123 | | | 0 | 65 | 07/01/2043. | 1 |
| 3138X1 | 3A 2 | FN AU2592 | | MBS PAYMENT | | 5,621 | 5,621 | 5,822 | 5,630 | | (9) | | (9) | | 5,621 | | | 0 | 79 | 08/01/2043. | 1 |
| 3138X3 | | FN AU4283 | | MBS PAYMENT | | 6,981 | 6,981 | 7,005 | 6,982 | | (1) | | (1) | | 6,981 | | | 0 | | 09/01/2043. | 1 |
| 3138Y6 | | FN AX5308 | | MBS PAYMENT | | 7,654 | 7,654 | 8,033 | 7,669 | | (15) | | (15) | | 7,654 | | | 0 | | 01/01/2042. | 1 |
| 3138YH | | | | MBS PAYMENT | | 5,570 | 5,570 | 5,753 | 5,577 | | (7) | | (7) | | 5,570 | | | 0 | | 05/01/2045. | 1 |
| 31394V | LV 0 | | | MBS PAYMENT | | 11,827 | 11,827 | 11,473 | 11,810 | | 17 | | 17 | | 11,827 | | | 0 | | 01/25/2036. | 1 |
| 31400Y | | FN 702007 | | MBS PAYMENT | | 351 | 351 | 359 | 351 | | (1) | | (1) | | 351 | | | 0 | | 05/01/2033. | 1 |
| 31404V | | 1 1 1 | | MBS PAYMENT | | 2,441 | 2,441 | 2,459 | 2,441 | | | | 0 | | 2,441 | | | 0 | | 07/01/2019. | 1 |
| 31404W 31406U | UE 4 HH 4 | | | MBS PAYMENT | | 3,302 | 3,302 | 3,296 | 3,300 | | (1) | | (1) | | 3,302 | | | 0 | | 06/01/2019. 06/01/2035. | 1 |
| 314060 31407B | | | | MBS PAYMENT | | 254 | 254 | 257 | 254 | | (1) | | (1) | | 254 | | | 0 n | | 05/01/2035. | 1 |
| 31407B | UL 9 | | | MBS PAYMENT | | 6,642 | 6,642 | 6,594 | 6,640 | | 2 | | 2 | | 6.642 | | | 0 n | | 06/01/2036. | 1 |
| 3140J7 | T5 4 | | | MBS PAYMENT | | 14.410 | 14,410 | 14,648 | 0,040 | | (11) | | (11) | | 14.410 | | | 0 | | 12/01/2032. | 1 |
| 3140Q7 | | FN CA0781 | | MBS PAYMENT | | 20,100 | 20,100 | 20,502 | 20,125 | | (25) | | (25) | | 20,100 | | | 0 | | 11/01/2032. | 1 |
| 31410U | | | | MBS PAYMENT | | 594 | 594 | 581 | 594 | | | | 0 | | 594 | | | n | | 06/01/2037. | 1 |
| 31413R | | | | MBS PAYMENT | | 2,766 | 2,766 | 2,917 | 2,775 | | (9) | | (9) | | 2,766 | | | 0 | | 12/01/2037. | 1 |
| 31416J | | | | MBS PAYMENT | | 223 | 223 | 230 | 223 | | (0) | | 0 | | 223 | | | 0 | | 02/01/2039. | 1 |
| 31416M | | - | | MBS PAYMENT | | 484 | 484 | 502 | 486 | | (2) | | (2) | | 484 | | | 0 | | 03/01/2039. | 1 |
| 31417C | | | | MBS PAYMENT | | 1,222 | 1,222 | 1,246 | 1,223 | | (1) | | (1) | | 1,222 | | | 0 | | 07/01/2042. | 1 |
| 31417C | | | 06/01/2018. | MBS PAYMENT | | 3,379 | 3,379 | 3,366 | 3,378 | | 1 | | 1 | | 3,379 | | | 0 | | 07/01/2042. | 1 |
| 31417C | | FN AB6024 | 06/01/2018. | MBS PAYMENT | | 6,261 | 6,261 | 6,547 | 6,277 | | (16) | | (16) | | 6,261 | | | 0 | 93 | 08/01/2042. | 1 |
| 31417D | | 117.00000 | 06/01/2018. | MBS PAYMENT | | 5,679 | 5,679 | 5,903 | 5,689 | | (10) | | (10) | | 5,679 | | | 0 | | 11/01/2042. | 1 |
| 31417E | | FN AB7575 | 06/01/2018. | MBS PAYMENT | | 7,102 | 7,102 | 7,077 | 7,101 | | 1 | | 1 | | 7,102 | | | 0 | | 01/01/2043. | 1 |
| 31417E | | | | MBS PAYMENT | | 4,492 | 4,492 | 4,694 | 4,500 | | (8) | | (8) | | 4,492 | | | 0 | | 01/01/2043. | 1 |
| 31417F | 3E 6 | FN AB8896 | 06/01/2018. | MBS PAYMENT | | 4,084 | 4,084 | 3,969 | 4,081 | | 3 | | 3 | | 4,084 | | | 0 | 47 | 04/01/2043. | 1 |

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

| 1 | 2 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Change in Bo | ook/Adjusted C | arrying Value | | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|-------------------------------------|--|--------------|--------------------------|-----------------|----------------|-----------|----------------|-------------------------|---------------|-------------------|----------------|----------------------------|----------------|------------------------|-------------|-------------|------------|-------------|-------------|---------------|
| | | | | | | | | | 11 | 12 | _ 13 | 14 | 15 | | | | | | | |
| | | | | | | | | | | | Current | | | | | | | Bond | | |
| | |) | | | | | | | University of | 0 | Year's | | Tatal Facility | | F | | | Interest / | 01-1-1 | NAIO |
| | | | | | | | | Dries Vees | Unrealized | Current Year's | Other-Than- | Tatal Channa | Total Foreign | Daals/Adissatad | Foreign | Dealined | Tatal Caia | Stock | Stated | NAIC |
| | е | Dianasal | | Ni. mala an af | | | | Prior Year | Valuation | | Temporary | Total Change | Exchange | Book/Adjusted | Exchange | Realized | Total Gain | Dividends | | Designation |
| CHCID Identification | Description 9 | Disposal | Name of Divisions | Number of | Canaldanatian | Day Value | A street Coast | Book/Adjusted | Increase | (Amortization) | | in B./A.C.V. (11+12-13) | Change in | | Gain (Loss) | | (Loss) on | Received | Maturity | or Market |
| CUSIP Identification 31417G 5A 0 | | Date | Name of Purchaser | Shares of Stock | | Par Value | Actual Cost | Carrying Value 4.980 | (Decrease) | / Accretion | Recognized | (11+12-13) | B./A.C.V. | Disposal Date 4.972 | on Disposai | on Disposai | Disposal | During Year | | Indicator (a) |
| | FN AB9840 | | MBS PAYMENT | | 4,972 | 4,972 | 5,212 | , | | (0) | | (0) | | | | | 0 | | 07/01/2043. | 4 |
| | FN AB9959 | | MBS PAYMENTMBS PAYMENT | | 3,645 7,514 | 3,645 | 3,803 | 3,651 | | (b) | | (6) | | 3,645 7.514 | | | 0 | | 07/01/2043. | 1 |
| | FN AD8186. | | | | | 7,514 | 7,802 | 2.002 | | (11) | | (11) | | | | | 0 | | 10/01/2047. | 4 |
| | | | MBS PAYMENT | | 3,673 | 3,673 | 3,806 | 3,683 | | (10) | | (10) | | 3,673 | | | 0 | 48 | 09/01/2025. | 1 |
| | FN AE4179 | | MBS PAYMENT | | 1,989 | 1,989 | 2,059 | 1,998 | | (9) | | (9) | | 1,989 | | | 0 | 29 | 10/01/2025. | 1 |
| 31419J SV 1 | FN AE7731 | | MBS PAYMENT | | 4,828 | 4,828 | 5,149 | 4,847 | | (19) | | (19) | | 4,828 | | | 0 | | 11/01/2040. | 1 |
| | HOUSTON TX UTILITY SYS REVENUE | | CITIGROUP GLOBAL MARKETS | | 313,605 | 275,000 | 321,879 | 315,784 | | (2,374) | | (2,374) | | 313,410 | | 195 | 195 | | 05/15/2026. | |
| 91412G RE 7 | UNIV OF CALIFORNIA CA REVENUES | 04/04/2018. | EXCHANGE | | 473,197 | 450,000 | 490,775 | 474,252 | | (1,055) | | (1,055) | | 473,197 | | | 0 | | 05/15/2030. | |
| 3199999. Tot | tal - Bonds - U.S. Special Revenue and Special | Assessments. | | | 2,153,110 | 2,030,693 | 2,264,454 | 2,124,369 | 0 | (8,641) | 0 | (8,641) | 0 | 2,149,704 | 0 | 3,406 | 3,406 | 40,520 | XXX | XXX |
| Bonds - Industrial a | and Miscellaneous | | | | | | | | | | | | | | | | | | | |
| 023135 AX 4 | AMAZON.COM INC | 06/08/2018. | EXCHANGE | | 349,188 | 350,000 | 349,094 | 349,136 | | 52 | | 52 | | 349,188 | | | 0 | 7,786 | 08/22/2024. | 1FE |
| 12489W QD 9 | CBASS 2005-CB8 AF2 | 06/01/2018. | MBS PAYMENT | | 13,259 | 13,259 | 13,258 | 13,259 | | | | 0 | | 13,259 | | | 0 | 203 | 12/25/2035. | 1FM |
| 151020 AS 3 | CELGENE CORP | 04/25/2018. | J.P. MORGAN | | 195,240 | 200,000 | 198,068 | 198,462 | | 56 | | 56 | | 198,519 | | (3,279) | (3,279) | 5,425 | 08/15/2025. | 2FE |
| 47215B AD 9 | JCPL 2006-A A4 | 06/05/2018. | MBS PAYMENT | | 46,461 | 46,461 | 46,420 | 46,433 | | 28 | | 28 | | 46,461 | | | 0 | 1,303 | 06/05/2023. | 1FE |
| 59156R AR 9 | METLIFE INC | 05/30/2018. | TENDER OFFER | | 833,324 | 825,000 | 827,888 | 825,240 | | (159) | | (159) | | 825,081 | | 8,243 | 8,243 | 44,524 | 08/15/2018. | 1FE |
| 3899999. Tot | tal - Bonds - Industrial and Miscellaneous | | | | 1,437,472 | 1,434,720 | 1,434,728 | 1,432,530 | 0 | (23) | 0 | (23) | 0 | 1,432,508 | 0 | 4,964 | 4,964 | 59,241 | XXX | XXX |
| 8399997. Tot | tal - Bonds - Part 4 | | | | 3,592,599 | 3,467,430 | 3,701,195 | 3,558,916 | 0 | (8,663) | 0 | (8,663) | 0 | 3,584,229 | 0 | 8,370 | 8,370 | 99,821 | XXX | XXX |
| 8399999. Tot | tal - Bonds | | | | 3,592,599 | 3,467,430 | 3,701,195 | 3,558,916 | 0 | (8,663) | 0 | (8,663) | 0 | 3,584,229 | 0 | 8,370 | 8,370 | 99,821 | XXX | XXX |
| 9999999. Tot | tal - Bonds, Preferred and Common Stocks | | | | 3,592,599 | XXX | 3,701,195 | 3,558,916 | 0 | (8,663) | 0 | (8,663) | 0 | 3,584,229 | 0 | 8,370 | 8,370 | 99,821 | XXX | XXX |

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DL - Pt. 1 NONE

> Sch. DL - Pt. 2 NONE

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 1 - CASH Month End Depository Balances

| Moni | th End D | epository | Balances | | | | | |
|----------------------------------|----------|------------------|---------------------------------------|--|-------------|------------------------|-------------|-----|
| 1 | 2 | 3 | 4 | 5 | Во | ok Balance at End of E | ach | 9 |
| | | | | | Mo | nth During Current Qua | rter | |
| | | | | | 6 | 7 | 8 | |
| | | | Amount of Interest Received During | Amount of Interest Accrued at Current | | | | |
| Depository | Code | Rate of Interest | Current Quarter | Statement Date | First Month | Second Month | Third Month | * |
| Open Depositories | | | | | | | | |
| BANK OF AMERICAPROVIDENCE, RI | | | | | 879,348 | 627,642 | 785,188 | XXX |
| 0199999. Total Open Depositories | XXX | XXX | 0 | 0 | 879,348 | 627,642 | 785,188 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 879,348 | 627,642 | 785,188 | XXX |
| 0599999. Total Cash | XXX | XXX | 0 | 0 | 879,348 | 627,642 | 785,188 | XXX |

Statement for June 30, 2018 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| | Chow invostments ewheat | Life of Carrott Quartor | | | | | | |
|------------------------|---------------------------------|-------------------------|---------------|------------------|----------------------|-------------------------|--------------------------|-----------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | | | | | | Amount of Interest Due & | |
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date Book/A | Adjusted Carrying Value | Accrued | Amount Received During Year |
| All Other Money Mar | ket Mutual Funds | | | | | | | |
| 31607A 70 3 | FIDELITY GOVERNMENT PORT-INS | | 06/28/2018 | 1.800 | | 350,480 | 2,089 | |
| 8699999. Total - All C | other Money Market Mutual Funds | | | | | 350,480 | 2,089 | 0 |
| 8899999. Total - Casl | n Equivalents | | | | | 350.480 | 2.089 | 0 |

SUPPLEMENT "A" TO SCHEDULE T

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

| , 5.0 | ians - Including Surgeons and Os | 1 | 2 | Direct Lo | sses Paid | 5 | Direct Los | ses Unpaid | 8 |
|------------|----------------------------------|-------------------------------|------------------------------|------------|------------------------|------------------------------|--------------------|------------------------|------------------------------|
| | | · | 2 | 3 | 4 | , v | 6 | 7 | Direct Losses Incurred |
| | States, Etc. | Direct Premiums Written | Direct Premiums Earned | Amount | Number of Claims | Direct Losses Incurred | Amount Reported | Number of Claims | But Not Reported |
| 1. | AlabamaAL | VVIILLOIT | Lamea | Amount | Oldillis | incurred | Reported | Olaillis | reported |
| 2. | AlaskaAK | | | | | | | | |
| 3. | ArizonaAZ | | | | | | | | |
| 4. | ArkansasAR | | | | | | | | |
| 5. | CaliforniaCA | | | | | | | | |
| 6. | ColoradoCO | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | DelawareDE | | | | | | | | |
| 9. | District of ColumbiaDC | | | | | | | | |
| 10. | FloridaFL | | | | | | | | |
| 11. | GeorgiaGA | | | | | | | | |
| 12. | HawaiiHI | | | | | | | | |
| 13. | IdahoID | | | | | | | | |
| 14. | IllinoisIL | | | | | | | | |
| 15. 16. | IndianaIN | | | | | | | | |
| 16. 17. | 140 | | | | | | | | |
| 17. | KentuckyKY | | | | | | | | |
| 19. | LouisianaLA | | | | | | | | |
| 20. | MaineME | | | | | | | | |
| 21. | MarylandMD | | | | | | | | |
| 22. | MassachusettsMA | | | | | | | | |
| 23. | MichiganMI | | | | | | | | |
| 24. | Mr | | | | | | | | |
| 25. | MississippiMS | | | | | | | | |
| 26. | MissouriMO | | | | | | | | |
| 27. | MontanaMT | | | | | | | | |
| 28. | NebraskaNE | | | | | | | | |
| 29. | NevadaNV | | | | | | | | |
| 30. | · · · · · · · · · | | | | | | | | |
| 31. | , | | | | | | | | |
| 32. | New MexicoNM | | | | | | | | |
| 33. | | | | | | | | | |
| 34. | | | | | | | | | |
| 35. | | | | | | | | | |
| 36. 37. | | | | | | | | | |
| 38. | OregonOR | | | | | | | | |
| 39. | | | | | | | | | |
| 40. | | 742,749 | 696,769 | 369,485 | 2 | (1,891,852) | 8,330,556 | 29 | 12,027,435 |
| 41. | | | | | | | | | , |
| 42. | | | | | | | | | |
| 43. | TennesseeTN | | | | | | | | |
| 44. | | | | | | | | | |
| 45. | | | | | | | | | |
| 46. | | | | | | | | | |
| 47. | 5 | | | | | | | | |
| 48. | J | | | | | | | | |
| 49. | | | | | | | | | |
| 50. | | | | | | | | | |
| 51. | , , | | | | | | | | |
| 52. | | | | | | | | | |
| 53. | GuamGU Puerto RicoPR | | | | | | | | |
| 54. 55. | | | | | | | | | |
| 55. 56. | | | | | | | | | |
| 50. 57. | | | | | | | | | |
| 58. | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 59. | | 742,749 | 696,769 | | 2 | | | 29 | 12,027,43 |
| | | :=,0 | | DETAILS OF | • | | , | | , 5 , 10 |
| 58001. | | | | | | | | | |
| 58002. | | | | | | | | | |
| 58003. | | | | | | | | | |
| | Summary of remaining write-ins | | | | | | | | |
| | for Line 58 from overflow page. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 58999. | Totals (Lines 58001 thru 58003 | | _ | _ | _ | _ | _ | _ | |
| | + 58998) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |



Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

| lospita | ию | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | 8 |
|------------|---------------------------------|-------------------------------|------------------------|--------------------|------------------------|------------------------------|----------------------|------------------------|------------------------------------|
| | | Direct Premiums Written | Direct Premiums Earned | 3 4 | | _ 3 | 6 7 | | Direct Losses |
| | States, Etc. | | | Amount | Number of Claims | Direct Losses Incurred | Amount Reported | Number of Claims | Incurred But Not Reported |
| 1. | AlabamaAL | William | Edified | 7 tillount | Cidiiii | mounted | rioportou | Oldinio | rtoportou |
| 2. | AlaskaAK | | | | | | | | |
| 3. | ArizonaAZ | | | | | | | | |
| 4. | ArkansasAR | | | | | | | | |
| 5. | CaliforniaCA | | | | | | | | |
| 6. | ColoradoCO | | | | | | | | |
| 7. | ConnecticutCT DelawareDE | | | | | | | | |
| 8. 9. | District of ColumbiaDC | | | | | | | | |
| 10. | FloridaFL | | | | | | | | |
| 11. | GeorgiaGA | | | | | | | | |
| 12. | HawaiiHI | | | | | | | | |
| 13. | ldahoID | | | | | | | | |
| 14. | IllinoisIL | | | | | | | | |
| 15. | IndianaIN | | | | | | | | |
| 16. | lowaIA | | | | | | | | |
| 17. 10 | KansasKS | | | | | | | | |
| 18. 19. | KentuckyKY LouisianaLA | | | | | | | | |
| 19. 20. | MaineME | | | | | | | | |
| 21. | MarylandMD | | | | | | | | |
| 22. | MassachusettsMA | | | | | | | | |
| 23. | MichiganMI | | | | | | | | |
| 24. | MinnesotaMN | | | | | | | | |
| 25. | MississippiMS | | | | | | | | |
| 26. | MissouriMO | | | | | | | | |
| 27. | MontanaMT | | | | | | | | |
| 28. 29. | NebraskaNE NevadaNV | | | | | | | | |
| 30. | New HampshireNH | | | | | | | | |
| 31. | New JerseyNJ | | | | | | | | |
| 32. | New MexicoNM | | | | | | | | |
| 33. | New YorkNY | | | | | | | | |
| 34. | North CarolinaNC | | | | | | | | |
| 35. | North DakotaND | | | | | | | | |
| 36. | OhioOH | | | | | | | | |
| 37. | | | | | | | | | |
| 38. | OregonOR PennsylvaniaPA | | | | | | | | |
| 39. 40. | | 139,940 | 117,430 | 250,000 | 2 | (924,943) | 1,225,000 | 11 | 2,992,90 |
| 41. | | 133,340 | 117,430 | 230,000 | 2 | (924,943) | 1,223,000 | 11 | 2,332,30 |
| 42. | South DakotaSD | | | | | | | | |
| 43. | TennesseeTN | | | | | | | | |
| 44. | TexasTX | | | | | | | | |
| 45. | UtahUT | | | | | | | | |
| 46. | | | | | | | | | |
| 47. | S | | | | | | | | |
| 48. | 0 | | | | | | | | |
| 49. 50. | West VirginiaWV WisconsinWI | | | | | | | | |
| 50. 51. | WyomingWY | | | | | | | | |
| 51. 52. | | | | | | | | | |
| 53. | GuamGU | | | | | | | | |
| 54. | | | | | | | | | |
| 55. | US Virgin IslandsVI | | | | | | | | |
| 56. | Northern Mariana IslandsMP | | | | | | | | |
| 57. | CanadaCAN | | | | | | | | |
| 58. | | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 59. | Totals | 139,940 | 117,430 | | | (924,943) | 1,225,000 | 11 | 2,992,9 |
| Q004 | | | | DETAILS OF | WKIIE-INS | | 1 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Summary of remaining write-ins | | | | | | | | |
| | for Line 58 from overflow page. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8999. | Totals (Lines 58001 thru 58003 | _ | _ | _ | - | _ | _ | | |
| | + 58998) (Line 58 above) | 0 | 0 | 0 | 0 | 0 | l0 | 0 | |

Supp. A to Sch. T NONE

Supp. A to Sch. T NONE

Overflow Page NONE